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NUMBER 369
SIX TIMES A MONTH

HUMANISTIC SERIES NO. 16 NOVEMBER 5, 1914

Care of the Feeble-minded and Insane in Texas

BY

C. S. YOAKUM, PH. D.

PUBLISHED BY THE UNIVERSITY OF TEXAS
AUSTIN, TEXAS

Entered as second-class mail matter at the postoffice at Austin, Texas

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FOREWORD.

This paper published as a Bulletin of the University of Texas constitutes a part of the report of the Committee on Mental Hygiene of the State Conference of Charities and Corrections. The collection and publication of material descriptive of neglect and ignorance in dealing with mental unsoundness in Texas is not a pleasant task, but the facts are such that we may not withhold them. They are patent in each and every community in the State. We have also endeavored here to set forth the most humane methods now existing, of dealing with this menace of feeble-mindedness and mental disease. If we in Texas heed the experience of older countries, we shall be able to check this malignant growth on our people: to neglect, to delay means a rapidly growing financial burden on all; but more terrible still, it means ever increasing numbers of our fellow citizens are doomed to mental decay and death while yet living.

INTRODUCTION.

Every state, to maintain the highest efficiency in its governmental and social functions, must consider the nature of its citizens. We are in the habit of dividing citizens into two classes based on their value to society or their amenableness to social custom and law,—desirable and undesirable citizens. The latter class comes in conflict with law and is generally considered a menace to good government. Scientific study and research today show us that this class is composed of two groups, the delinquent and criminal, or, properly speaking, the undesirable citizen, the class that has ideas and performs actions that are inimical to social health; and a second group composed of the mental and moral defectives and the defective-delinquent, the socially unfit through deprivation of desirable qualities and by inheritance of undesirable ones, from defective strains, and diseases.

The criminal code, jails, prisons, and all forms of punishment are of no avail in dealing with the second group. They are not responsible individuals and any means suitable to the reformation of the adult human in society will fail of its purpose when applied to these mental and social defectives. The development of the juvenile court, the indeterminate sentence, the parole system, etc., are evidence of society's attempt to reform, and reclaim the border line cases between the classes above described. However, without special institutions, such as parental schools and schools for feeble-minded, where special training by experts can be given, none of the defectives can be reclaimed and the large majority of this class can never be self-controlled or self-sustaining even after the best training available. They must always depend on others for care and support. The insane, while socially unfit, are also sick. The immediate social problem here, when once understood, is relatively simple; yet from the standpoint of society the insane belong, during the continuance of the disease, in the second class, among the socially unfit and irresponsible.

These two classes of unfortunates, the defective and the insane, are to be considered as demanding the special attention of the State. Both are incapable of maintaining their positions in society. They are perhaps most frequently found among the poorer

classes, largely because of their mental defects or diseases. They may be found, for example, in our jails and almshouses; they may always be discovered on the books of our charity organizations; and they constitute a large percentage of our criminal classes. Indirectly the burden upon society is enormous, and under our present laws and management in Texas, wholly incalculable. Directly, we know that the three insane asylums in the State have a property valuation of $2,000,000, and the yearly expense of maintaining them is over $700,000. (Texas is doing absolutely nothing for its feeble-minded population,—a class of unproductive persons running up into the thousands and steadily increasing in numbers.) It costs approximately $20,000,000 per year to run Texas' police courts, jails, poor farms, and penitentiaries.* Almost 50 per cent of the population in them and up for trial from one to fifty times in a lifetime are feeble-minded or of low grade mentally.

Over all these sources of crime, poverty, and financial loss, Texas exercises no general control. The penitentiary system has been inaugurated within quite recent years and is yet in the making. Provision is made for the insane of the State from time to time when the necessity therefor becomes imperative. No provision whatsoever is made for the feeble-minded and hopeless mental defectives.

The fundamental issue can be met only by the establishment of permanent agencies for the study and solution of these intricate social problems. A broad-minded policy, looking out over years to come, should be formulated, and all the institutions enumerated above and others as they are established in the future should be included in the scope of such a policy.

Our studies in this paper will be concerned largely with these two special classes, the mental defective and mentally diseased. By feeble-minded we mean that class of individuals who show "defects either mental or moral or both." We use the term here in the American sense to include all grades of mental deficiency and defect. The English usage classifies individuals as "feeble-minded" who are "persons who may be capable of earning a living

*Compare Potts, C. S., Care and Treatment of Criminals, Bulletin University of Texas No. 146, p. 8; also Eugenics Record Office Bulletin No. 10B, p. 147.

under favorable circumstances, but are incapable from mental defect existing from birth or from an early age—(a) of competing on equal terms with their normal fellows, or (b) of managing themselves or their affairs with ordinary prudence." Idiots, imbeciles, etc., are divisions that include the lower types in the English classifications; these are subdivisions of the "feeble-minded" in the American terminology. All grades of defect may be found, and such mental defects are usually associated with various physical stigmata of degeneration. Socially, this class of individuals ranges from those who remain helpless infants all their lives, through numerous stages of higher mental development, simulating all the periods of childhood. "Although incurable, the lesser forms [of feeble-mindedness] may be susceptible for amelioration and of modification, just in proportion as they have been superinduced by causes congenital or accidental."

The insane include those who have developed to some level of adult mental life and then through various causative agencies have lost that development. The deaf and dumb, the blind, the backward children in school, the criminal, belong, socially speaking, in one or the other of these socially unfit classes. Study and careful investigation alone can determine the precise mental classification of the individual that society and the law readily recognize as unfit for responsibility and human association.

We shall try to show the results of such studies in so far as they indicate (a) the causes of mental deficiency and disease; (b) the care and treatment of such unfortunates, and (c) modern methods of prevention. Special reference will be made continually to the present situation in Texas, and as far as possible our illustrations will be drawn from conditions now actually existing within the State. To limit the length of such a discussion special study will be made of the feeble-minded and insane only, the problem of the *mentally* unfit. What can society do to prevent their increase? What must it do for those already in its midst? What methods will enable the State to reduce the cost of their maintenance, at the same time giving these unfortunates the highest degree of training, protection, care, and enjoyment, of which they are capable?

Broadly speaking, we must separate the mentally unfit into two

classes, the defective and the insane. The first class is called the feeble-minded, the idiots and imbeciles, the aments, and is incurable in all but exceptional cases. The insane are mentally diseased, and the treatment accorded any sick* person is their due. Merely because they exhibit peculiar social characteristics, or their disease seems to us of a more serious nature than the ordinary disease, in no way lessens the need for skilled advice and treatment. Under such care over 40 per cent of these mentally diseased persons have recovered and returned to their homes and their work.

*The writer has used the word "sick" to describe any condition of mind needing expert treatment. Its meaning thus approximates that of "abnormal."

CARE OF THE FEEBLE-MINDED AND INSANE IN TEXAS

THE FEEBLE-MINDED.

Numerous definitions of the term are in use. We have already quoted one from Barr. At present all classes of mental defect depending on causes that have prevented the development of mind into a normal adult are classed under this heading. It is true that among abnormal or anormal children and adults other types may be found; more general divisions may be made. Miss Bancroft* gives an interesting division with this purpose in view: "First those that are backward, by reason of some sensory defect or motor deficiency; second, the mentally weak; third, the mentally deficient; fourth, the morally weak, and, as an exaggerated form of the same, the morally deficient." In feeble-mindedness proper, however, the mental growth is stunted through mental weakness and deficiency. The idiot, the imbecile, and the higher types of mental defect are all included within the limits of the term. Professor Huey† gives the classification adopted by the American Association for the Study of the Feeble-minded.

This association in 1910 adopted the practice about as it has been established in this country in the larger institutions.

1. "The term 'feeble-minded' is to be used generically to include all degrees of mental defect due to arrested or imperfect mental development, as a result of which the person so affected is incapable of competing on equal terms with his moral fellows, or of managing himself or his affairs with ordinary prudence.

2. The feeble-minded are divided into three classes, viz:

Idiots.—Those so defective that their mental development never exceeds that of a normal child of about two years.

Imbeciles.—Those whose development is higher than that of an idiot, but whose intelligence does not exceed that of a normal child of about seven years.

*National Conf. of Char. and Cor., 1901, p. 193.

†Huey, E. B., Backward and Feeble-minded Children. Baltimore, 1912, p. 6.

Morons.—Those whose mental development is above that of an imbecile, but does not exceed that of a normal child of about twelve years."

Each of the three grand divisions is subdivided into low, middle, and high. The use of the terms is illustrated in such combinations as "low Mongolian imbeciles," "high epileptic moron."

The terms "backward, retarded, unstable," are used where the individual shows an intelligence that falls within three years of normal or where instability of character is the chief sign of defective growth.

We may accept this classification as a usable division, providing we remember that it contains nothing final and is simply an attempt to find a working basis for the study and treatment of these classes. Other classifications are in use and offer advantages of various kinds. Barr gives one based on the educational possibilities of the individuals.

EDUCATIONAL CLASSIFICATION OF FEEBLE-MINDED.

Asylum Care	IDIOT	
	Profound	Apathetic, Excitable — Unimprovable.
	Superficial	Apathetic, Excitable — Improvable in self-help only.
	IDIO-IMBECILE	
	Improvable in self-help and helpfulness. Trainable in a very limited degree to assist others.	
Custodial Life and Perpetual Guardianship	MORAL IMBECILE	
	Mentally and morally deficient.	
	Low Grade: Trainable in industrial occupations; temperament bestial.	
	Middle Grade: Trainable in industrial and manual occupations; a plotter of mischief.	
	High Grade: Trainable in manual and intellectual arts, with a genius for evil.	
Long Apprenticeship and Colony Life Under Protection.	IMBECILE.	
	Mentally deficient.	
	Low Grade: Trainable in industrial and simplest manual occupations.	
	Middle Grade: Trainable in manual arts and simplest mental acquirements.	
	High Grade: Trainable in manual and intellectual arts.	
Trained for a Place in the world.	BACKWARD OR MENTALLY FEEBLE.	
	Mental processes normal, but slow and requiring special training and environment to prevent deterioration; defect imminent under slightest provocation, such as excitement, over-stimulation, and illness.	

His classification and arrangement gives at a glance the prob-

able lifelong status of the persons composing its divisions and indicates in a general way what we may hope to do in the way of training and care in each class. It is based on his own study and work in the Pennsylvania Training School for Feeble-minded Children at Elwyn, Pennsylvania. Other classifications may be arranged. Insanity and mental derangement in general may be viewed as congenital and acquired, the congenital type including our classes of the feeble-minded. We may classify on the basis of origin and causes and thus obtain such primary groups as (a) Congenital; (b) Developmental; (c) Accidental, with their subdivisions.

For the protection, segregation, and training of these unfortunates, duties that devolve upon society and the State, Barr's classification is perhaps the most satisfactory. The skilled expert in the employ of the State, after careful examination, can indicate at once the needs of each applicant. The institution established by the State can easily be planned on the basis of the adequate training and care of all classes. The problem of preventing the increase of these undesirable classes will demand other and more scientific classifications; but these will merely define more sharply the group given above.

THE SITUATION IN TEXAS.

"A word to the West!

"The State faces grave responsibilities in respect to the weaker classes. Statistics of their extent among the population are well known. New States and communities should equip themselves properly to attack these problems, and should make their plans on the basis of complete control. Had the States of the East followed this method during the last fifty years their burdens would be only a fraction as great as they now are. By wise organization many of the economic and social problems which accompany large populations may be avoided. The planning of cities, housing and sanitary laws, regulations respecting education and labor, the establishment of playgrounds and systems of medical inspection, as well as the supervision and administration of institutions of charity and correction, constitute scientific tasks,

and there should be properly organized public bureaus to attend to them."*

Not long ago I received a letter of inquiry asking if any figures could be given on the estimated per cent of feeble-minded persons in the State of Texas. The writer of the inquiry was in charge of an institution for wayward girls,† and she stated that she found in this institution a very large percentage of border-line feeble-minded girls, and stated also that she heard there was an appallingly large number of such feeble-minded persons in the State.

PLATE I.

High and low-grade imbeciles at the Tarrant county poor farm. The mother of the one on the left killed her husband and was sent to prison. Other members of all three families represented here are known to be feeble-minded. The mother of a fourth idiot on this farm died in an almshouse in Missouri. The two standing are trainable.

In answering this letter I found it impossible to give, from any statistics or census reports anything definite concerning the number of individuals of this class in the State.

During the early part of 1914 the writer, therefore, sent out an information blank to all the county judges of Texas requesting data on the feeble-minded and insane at large in the State.

*Report of Committee on Public Supervision and Administration to National Conference of Charities and Corrections, Seattle, 1913, p. 194.

†See p. 114 and footnotes there.

PLATE II.

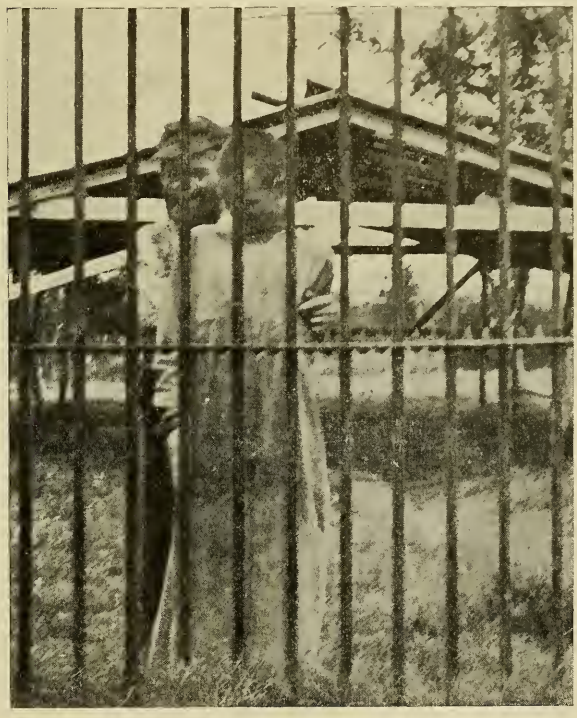


PLATE III.

Two feeble-minded boys on the Grayson county farm. By looking closely, one can see below the horizontal bar the strap that ties this older boy's hands behind his back. He is kept this way all day, and has been tied each day for almost four years. He is fairly intelligent but wholly untaught. In the cells back in this jail are three insane and one epileptic; all in an unkempt and untidy condition.

Practically all of the counties replied with definite information on the insane population as shown in the table below, p. 129; but the data on the feeble-minded is inaccurate and meager. The reports where replies were received give fifty-eight idiots and feeble-minded in the county jails; and a total of one hundred and forty-eight on county poor farms so feeble-minded that their condition is readily detected by the most inexperienced observer.

The county judge at Lubbock, Texas, writes: "We have one man about twenty-six years old here that is simple-minded, but we have placed no restraint around him. He should be in some State institution." I am privileged to quote from a letter received by another of the county judges. It runs as follows: "Mr. ———— told me that I could get our little girl in an institution at Terrell, Texas, but I would have to work through the county judge. So I will ask you to help me. You write to Dr. Powell at Terrell and see what can be done . . . you No my circumstance without me telling you, . . . etc." A third county judge writes: "We have one boy about sixteen years old in jail; he is so bad his parents can't keep him. There is also a very crazy negro in jail." From still another county we learn that "the county cares for the feeble-minded at the county farm. Some on the farm have been feeble-minded since infancy, and they are all advanced in age." These quotations give us the barest hint of conditions in our State. No one knows how many feeble-minded children and adults there are running at large in the cities and villages of Texas. We know, from stories gathered here and there, of isolated cases, and we know from the Social Service Workers of the State that conditions differ very slightly from the conditions as represented in other States. We are not even acquainted with the actual situation as it exists in our public schools. For example, in one of the schools in Austin where a very superficial examination of the students has been made, it is found that some ten to twenty in a school of three or four hundred students are either very backward or really feeble-minded. Twenty at least in this school are incapable of doing the work asked of them. They not only are unable to do the work themselves, but their presence in the school-room constitutes

a very great detriment to the progress of the other students in the room.

The city of Houston maintains a special room with a specially trained teacher in charge, for some of the feeble-minded. The teacher tells me that they have many more applications than they can admit. By the use of the Binet tests she has demonstrated the presence of fifty others in the schools trying to make their grades and failing year after year. Only a small percentage of the examinations asked for have been made. The Department

PLATE IV.

Class with their Teacher in Special Room of the Rusk School, Houston, Texas.

of Education of the State cannot give us information concerning the probable extent of such a situation as described above.

Superintendent Eddings, of the Training School at Gatesville, states that a great many of his boys are distinctly feeble-minded. The State supplies no means for the proper care and training of these delinquents, either through the public school system or at this special detention home. No classification has been made so that the officers may know the training and education proper for the different students in this school. The result is that, however,

careful and painstaking the superintendent and his co-workers may be, they are wholly unable to handle the situation in a scientific and satisfactory manner. Texas is at present making a feeble attempt to establish a similar school for delinquent girls.

The last United States census report gave 3,896,542 as the population of the State of Texas. The estimated increase in the feeble-minded population per decade as shown by the census reports is considerably over 20 per cent. The Royal Commission on the Feeble-minded in England reported that the feeble-minded population increased twice as rapidly as the normal population increased. If this were true in Texas we should have considerably over 10,000 feeble-minded children and adults in the State. If we take a far more conservative basis for rural and urban communities, one in 650, Texas would have at least 5000. This is unquestionably too low. But even at that rate we have in Texas a large population of persons who are not only under present conditions unable to support themselves, but are occupying the time and productive energies of at least an equal number of able-bodied adults. This is by no means the only danger involved. On the one hand it may be purely this economic question. On the other, however, it concerns the attitude of approximately 5000 homes in the State, and social and moral problems whose value is impossible of determination.

TABLE SHOWING INCREASE OF INSANE AND FEEBLE-MINDED IN TEXAS.

Date of Census	Population of Texas	Insane U.S. Report Census	State Asylum Report	One Insane person to	No. per 100,000	Feeble-Minded U. S. Census
1860	604,215	125	50	12,080	7.9	201
1870	818,579	270	*135	*6,063	.....	451
1880	1,591,749	1,564	369	4,313	23.	2,276
1890	2,235,527	1,670	1,045	2,139	46.7	2,763
1900	3,048,710	.....	2,379	1,281	78.	*4,500
1910	3,896,542	.....	4,053	961	104.	*6,000

*Estimated, as no statistics are available.

The United States discontinued the taking of a census of feeble-minded after 1890. It was found impossible to get anything like accurate results as many families did not know and others were averse to stating the facts.

In 1880, they found, even with inaccurate methods, 76,895

feeble-minded persons, or one in 652. In 1890, they found 95,609, or one in 655. In 1908, the English Royal Commission reported for England one feeble-minded person in 217; for Scotland, one in 400; for Ireland, one in 175. It is quite probable that they failed to secure a full census, with the less accurate methods available then. A municipal census taken in 1910 in Philadelphia gave one in 500 of low grade, and a total feeble-minded population of all grades of one in 140. Another test in a town of 10,000 population revealed a ratio of one in 200. "The field workers of the three institutions in New Jersey have been recording cases as they happen to find them in the communities where they are studying family histories. Within the year (1911-1912), they have reported 4124 cases not in institutions. There are in New Jersey institutions 1348, with 393 on waiting lists, making 5865 recorded cases in that State."*

From the above we see that in New Jersey, where a partial survey has been made, the ratios of feeble-minded to total population is more than one in 500, actually one in 432+, this of the recorded cases alone.

We have no data in Texas. The last census taken in 1890 gave the State 2763. If we estimate on the basis of the 1890 report for the whole United States, Texas would have now one in 655, or 5948 feeble-minded. If we accept the estimate offered by conservative statisticians, that there is one feeble-minded to 500 population, Texas has now over 7700 in this class. Johnstone's own estimate is one in 300, or 12,988 in Texas. I have placed the most conservative estimate in the table above.

In summarizing the statistics on the feeble-minded as far as they can be gathered throughout the United States, Alexander Johnson states that there are probably 67,000 already in custody, distributed about as follows: In institutions for the feeble-minded, some 20,000; in almshouses, about 16,000; in hospitals for the insane, 5000; in prisons and reformatories, 26,000. This is approximately one-third of the estimated total of feeble-minded individuals in the United States.

*Johnson in the Survey, March, 1912.

CAUSES OF FEEBLE-MINDEDNESS.

"The study of the etiology of idiocy and imbecility assumes a new aspect in view of the rapid and startling growth of many phases of mental defect," states Barr in his book on Mental Defectives. The discussion of causes practically resolves itself into the question as to the relative parts played by heredity and environment. They may be divided into (1) intrinsic factors, or those which modify the germinal plasm before conception takes place, and (2) extrinsic factors, or those conditions of environment which affect the development of the brain (and the body) while yet within or without the uterus. It would be impossible to assert that any one cause is the supreme agent of degeneration because the influences of heredity, environment, and even accident all work together and so envelop the human organism, that we cannot separate entirely their results.

The most important intrinsic factors which cause or help to cause amentia are (1) disease of the nervous system; (2) alcoholism, and (3) tuberculosis.

The Massachusetts Commission as early as 1848 reported 475 idiots, 227 due to heredity of mental defect, direct or collateral. The Connecticut Commission as far back as 1856 found idiocy running in families. The Illinois State Board of Public Charities in 1870 deplored the "association of sexes" in almshouses because of the perpetuation of the degenerate of the race. Dugdale's history of "the Jukes" family shows the final outcome of varied neuroses when fostered by heredity and environment for more than 100 years. There are 1200 people descendants of five degenerate sisters who repeat in successive generations disease, insanity, idiocy, and crime. Barr says: "In these we have surely found evidence in support of the theory advanced, that the transmission of imbecility is at once the most insidious and the most aggressive of degenerative forces, attacking alike the physical, mental, and moral nature, enfeebling the judgment and will, while exaggerating the sexual impulses and the perpetuation of an evil growth, a growth too often parasitic ready to unite with any neuroses it may encounter, and from its very sluggishness and inertia refusing to be shaken off; lying latent it may be, but sure

to reappear, as Haller recounts, through a century to the fourth and fifth generation."

Two important early studies of groups of individuals have been made according to the case history method of research, one by Drs. Beach and Shuttleworth from Warenth and the Royal Albert Asylums in England. They looked into some two and one-half thousand cases. Barr himself compiled the other from various records, principally the Pennsylvania Training School. These two compilations agree more or less, putting as the most important period the one before birth; of second importance, the one after birth, and of least importance the time at birth.

We quote below the outline and percentages of feeble-mindedness due to the different causes as given by Church and Peterson.*

HEREDITY.

"The consideration of human heredity . . . must always largely be from the statistical side, consisting in an analysis of

(*) Church and Peterson Nervous and Mental Diseases, p. 876.

Degenerative
1. Hereditary transformations of nervous and mental diseases.
2. Pathological heredity in the form of vitiating diseases or habits (tuberculosis, rheumatism, herpetism, gout, syphilis, alcoholism, etc).
3. Sociological factors (extreme youth or parents of great age; disproportionate ages of parents; consanguinity).

Adventitious
- Gestational
  - Maternal-disease, trauma, fright, shock; maternal impressions.
  - Fetal disorders
    - Syphilis, heart disease, arteritis, morbid processes in brain and meninges, twin pregnancy.
- Parturitional
  - Difficult labor, primogeniture, premature birth, asphyxia at birth, instrumental deliveries, pressure on cord.
- Postnatal
  - Convulsions, cerebral diseases, trauma to the head, febrile diseases, mental shock, sunstroke, overpressure at school.

The variations in the importance of these various factors as estimated by different authorities are indicated below:

Neurotic inheritance in between forty to fifty per cent of idiots.
Tuberculosis and scrofula in between fifteen to thirty per cent of idiots.
Alcoholism in between nine to sixteen per cent of idiots.
Syphilitis in between one to two per cent of idiots.
Gestational in between eleven to thirty per cent of idiots.
Parturitional in between eighteen per cent of idiots.
Infantile convulsions in between twenty-five per cent of idiots.
Cerebral diseases in between eight and nine per cent of idiots.

Acute febrile diseases { measles, scarlet fever, diphtheria, whooping cough, small pox, typhoid fever, } in six per cent of idiots.

experiments already performed rather than in initiating new experiments.

"Such institutions as insane asylums, prisons, sanitariums, and homes for the unfortunate are excellent foci for studying certain phases of human heredity, because they are simply convenient places where the results of similar experiments in genetics have been brought together.

EXPERIMENTS IN HUMAN HEREDITY.

a. *The Jukes.*

"A classic example of an experiment in human heredity which has been partially analyzed by the statistical method is that furnished by Dugdale in 1877 in the case of 'Max Jukes' and his descendants. It includes over one thousand individuals, the origin of all of whom has been traced back to a shiftless, illiterate, and intemperate backwoodsman, who started his experiment in heredity in western New York when it was yet an unsettled wilderness.

"In 1877 the histories of 540 of this man's progeny were known, and that of most of the others was partly known. About one-third of this degenerate strain died in infancy, 310 individuals were paupers, who all together spent a total of 2300 years in almshouses, while 440 were physical wrecks. In addition to this, over one-half of the female descendants were prostitutes, and 130 individuals were convicted criminals, including seven murderers. Not one of the entire family had a common school education, although the children of other families in the same region found a way to educational advantages. Only twenty individuals learned a trade and ten of these did so in state's prison.

"It is estimated that up to 1877 this experiment in human breeding had cost the State of New York over a million and a quarter dollars, and the end is by no means yet in sight.

b. *The Descendants of Jonathan Edwards.*

"In striking contrast to the case of Max Jukes is that of Jonathan Edwards, the eminent divine, whose famous progeny Winship described as follows: '1394 of his descendants were identified in 1900, of whom 295 were college graduates; 13 presidents of our

greatest colleges, besides many principals of other important educational institutions; 60 physicians, many of whom were eminent; 100 and more clergymen, missionaries, or theological professors; 75 were officers in the army and navy; 60 were prominent authors and writers, by whom 135 books of merit were written and published and eighteen important periodicals edited; thirty-three American States and several foreign countries and ninety-two American cities and many foreign cities have profited by the beneficent influence of their eminent activity; 100 and more were lawyers, of whom one was our most eminent professor of law; 30 were judges; 80 held public office, of whom one was Vice President of the United States; three were United States Senators; several were Governors, members of Congress, framers of State Constitutions, mayors of cities, and ministers to foreign courts; one was president of the Pacific Mail Steamship Company; fifteen railroads, many banks, insurance companies, and large industrial enterprises have been indebted to their management. Almost, if not every, department of social progress and of public weal has felt the impulse of this healthy, long-lived family. It is not known that any one of them was ever convicted of crime.'

c. *The Kallikak Family.*

"A more convincing experiment in human heredity than the foregoing, since it concerns the descendants of two mothers and the same father, is furnished by the recently published history of the 'Kallikak' family.

"During Revolutionary days, the first Martin Kallikak—the name is fictitious—who was descended from a long line of good English ancestry, took advantage of a feeble-minded girl. The result of their indulgence was a feeble-minded son, who became the progenitor of 480 known descendants, of whom 143 were distinctly feeble-minded, while most of the others fell below mediocrity without a single instance of exceptional ability.

"'After the Revolutionary War Martin married a Quaker girl of good ancestry and settled down to live a respectable life after the traditions of his forefathers. From this legal union with a normal woman there have been 496 descendants. All of these except two have been of normal mentality, and these two were not

feeble-minded. . . . The fact that the descendants of both the normal and the feeble-minded mother have been traced and studied in every conceivable environment, and that the respective strains have always been true to type, tends to confirm the belief that heredity has been the determining factor in the formation of their respective characters.'"

"4. Moral and Mental Characters Behave Like Physical Ones."

"These instances of human breeding show unmistakably that 'blood counts' in human inheritance, even though the hereditary unit characters that lead to these general results have not yet been analyzed with the clearness that is possible in dealing with the characters of some animals and plants.

"There is, of course, no question of moral and mental traits in plants, and the role that these play in animals is not easy to determine; but in man the case is undoubtedly much more important and complex, since mental and moral characteristics have a large share in making man what he is. There is, however, no fundamental scientific distinction which can be drawn between moral, mental, and physical traits, and they are undoubtedly all equally subject to the laws of heredity.

"For instance, as an illustration of the hereditability of non-physical traits, in the Jukes' pedigree three of the daughters of Max impressed their peculiar moral and mental characteristics in a distinctive way upon their offspring. To quote Davenport: 'Thus in the same environment, the descendants of the illegitimate son of Ada are prevailingly criminal; the progeny of Belle are sexually immoral; and the offspring of Effie are paupers. The difference in the germplasm determines the difference in the prevailing trait.'"*

Morbid heredity seems from the above to be much the more important factor in the cause of mental deficiency. Tredgold in his investigations found amentia thus caused in 80 per cent of the cases; others give percentages as follows:

Beach and Shuttleworth, 42 per cent.
Kock of Germany, 60 per cent.
Dr. Caldicott, 70-75 per cent.
Connecticut Commission, 60 per cent.

*Walter, H. E., Genetics, etc., p. 226ff.

In Switzerland (Canton of Berne), 55 per cent.
Dahl of Norway, 50 per cent.

Tredgold says his higher percentage is probably due to his personal inquiry, most of the others' reports are gotten from information given in case-books or from official returns.

OTHER INTRINSIC FACTORS.

Alcoholism is given second importance in this table, though in five-sixths of such cases neuropathic heredity was present as well. Long-continued excessive indulgences in alcohol impair the nervous system of the offspring, and make it less capable of resisting other harmful influences. Alcoholism is much more important as a contributory agent than as a sole cause. The same is true of tuberculosis, which is rarely the direct cause of amentia, but is very important as an indirect and contributory influence. Its indirect effect is seen in its undoubted tendency to produce nervous instability in the offspring. Tredgold says in this connection:

"I regard these three morbid ancestral conditions, namely: disease of the nervous system, alcoholism, and consumption, as being far and away the most frequent causes of mental defect. The two latter appear to me to be rather remote than immediate in their action, their effect being to initiate the neuropathic diathesis, which, if unchecked, eventually culminates in amentia."

Barr is personally of the opinion that intemperance as a factor is overrated, although given more than 16 per cent in the English table and more than 4 per cent in the American. Ireland acknowledges the poisoning effect, but would rather diminish the usual percentage given. Howe found nearly 50 per cent offsprings of drunkards. Barr found eight striking examples of such an heredity. In Mechanics' Institution at Manchester, England, are casts of seven microcephalic idiots, all conceived in drunkenness. Later the father became a sober man, and to him was born a perfect child.

Feré says no neuropathic disease is more directly transmitted than epilepsy, but statistics do not show it such an important factor except in combination with some other disease as insanity. Barr found little more than 3 per cent; Rogers, 1 per cent; Down, 9 per cent; Beach and Shuttleworth, 8 per cent; Kerlin, 16 per

cent; doubtless in combination with other neuroses. Barr considers it as much a phase as a contributing cause—an abnormal condition in which mental deterioration is constantly going on though often unrecognizable before death comes.

The minor neuroses such as hysteria, headaches, fits of anger, give a weakened power of resistance, a lowering of moral tone, and with other neuroses are sure to develop idiocy or feeble-mindedness in the long run. In the Farr family as traced by Barr, the father, fairly intelligent, the mother, flighty, nervous; of the seven children, three sons and one daughter were normal, the others imbeciles. All four normal children married normal people, but were parents of one or more imbeciles in each case—evidently a neurotic taint.

Consanguinity is held by only a few to be a cause of feeble-mindedness unless associated with some hereditary taint. Down is quoted as saying "he did not know whether the race might not be improved by a judicious selection of cousins." In Batz feeble-mindedness is said to be unknown, although it is an isolated place, where the inhabitants have intermarried for generations. Bouxsall reports the same of North Greenland. Scrofula, cancer, goitre, and diseases of the cardio-vascular system show in a small percentage of feeble-mindedness. They are usually predisposers rather than direct causes in that they tear down and weaken the system generally. Ireland finds few cases due directly to syphilis. Down and Kerlin found 2 per cent each; Beach and Shuttleworth, 1.17 per cent; Barr, 0.2 per cent. Numbers of frightful examples are given, however, of idiotic, paralyzed, mute, and blind offsprings of a father who has syphilis.

EXTRINSIC OR ADVENTITIOUS CAUSES.

Barr believes that influences retarding or complicating delivery are rather insignificant in comparison with those acting before or after birth. Premature births are given 3.52 per cent in the English table; 1.12 per cent in the American table. Difficult labor was found more influential by Beach and Shuttleworth, 14.24 per cent. Rogers' percentage was small (as was Barr's), but the latter says that prolonged detention or abnormal pressure doubtless play a role in the etiology of mental deficiency. Accidents at birth,

such as death of the mother, or injuries, may be causes, Barr thinks, but the percentages run low from a small fraction to 1.58 per cent, as given by Beach and Shuttleworth. In causes acting after birth, the English table gives first importance to eclampsia; the American to injuries to the head, both tables approaching 6 per cent in the latter cause, which may result in concussion directly or later by the occurrence of a secondary lesion. Down and Rogers are of the opinion that many cases of congenital origin are attributed to falls. Acute diseases, febrile illnesses, are given 5.96 per cent by Beach and Shuttleworth; 22 per cent by Rogers; but often a latent predisposition is thought to be the cause of the lack of resisting power. Meningitis and scarlet fever are given as quite important factors by Rogers, Down, and Barr.

Tredgold believes strongly in the abnormal physical condition of the mother as an important etiological factor. Poor nutrition and lowered vitality of the mother are quite serious conditions for the offspring. The alcoholic mother may vitally effect the child. Feré of Paris showed by experiment the effect of vapour of alcohol upon incubating eggs. Sixteen per cent were incompletely developed; 21 per cent were monstrosities of idiotic grade. Absinthe was even more fatal in its effect. Tredgold thinks here is the importance to be attached especially to tuberculosis and syphilis—the lowered vitality of the mother. Watt on Heredity and Disease in the *British Medical Journal* of October, 1905, says undoubtedly many more weak-minded ones would result from syphilis "were it not for the very high rate of sterility, miscarriages, stillborn, and short-lived offspring that it produces." From Tredgold we have the following statement:

"What I wish to point out, moreover, is that as far as my experience goes, injurious external factors of themselves but rarely give rise to mental defect, and when they do so, it is usually because they have produced a gross lesion of the brain."

From a consideration of the above statistics and statements made by men who have made a lifelong study of mental deficiencies, I am sure that we can conclude that defects, both mental and physical, are found in families and in generation after generation when the defect once appears. Natural experiments are so far our only basis for such conclusions in human beings, but the data there is

overwhelming and no one conversant with the facts dares ignore the terrible risks involved in neglecting to obey the lessons taught. As said above, we cannot experiment directly. The problem must, therefore, be a social and governmental one. State and national authorities must combine to produce convincing data and to reach fully established facts. Ignorance of the conditions that surround our criminals in the making and of the origin of our "submerged tenth" is more culpable than neglect and harsh treatment. Centers of vice and crime are not to be found in our cities alone. In the country are produced many of those who will fill our jails and almshouses; there are to be found the nucleus that will produce future thousands of degenerates and defectives and cost the State millions of dollars in police courts and prisons.*

Statistics of the Royal Commission show that insanity is more characteristic of urban and industrial, and amentia of rural populations. The causes of these two conditions are identical in kind, namely: morbid neuropathic heredity (but heredity is slightly more pronounced in amentia than in insanity). In the majority of cases of amentia in the slums there is decided morbid heredity present, and their environment is not the cause but the result of that heredity. They are at great disadvantage in earning their living, and are so careless, improvident, and intemperate that they waste what little money they earn.

People of most initiative and enterprising qualities move to cities, leaving those of less mental vigor content to remain upon the soil. By intermarriage morbid heredity is accumulated, and thus conditions in these areas become more and more favorable to the production of actual mental defect. On the other hand, in our densely crowded industrial centers, where competition is keen, the stresses of life are severe, alcoholism is rife, consumption is prevalent, and all the unfavorable social and economic conditions are present to produce an instability of the higher parts of the nervous system—the precursor of insanity. This in later generations leads to actual defect of structure and consequent amentia, but the constant immigration brings fresh blood into the vortex and tends to make insanity rather than amentia the prevailing type of mental abnormality.

*See report on Bell county, p. 109.

THE DEFECTIVE IN SOCIETY.

Criminal and Anti-Social Tendencies.—It cannot be repeated too often or emphasized too much that the sum total of disease, poverty, crime, immorality, degraded standards of living, worry and distress in society is beyond the power of man to estimate; and that it is clearly traceable to perverted ideas and ideals on the one hand; to the absence of any ideas and ideals at all, and to maladjusted energies used in putting ideas into action, on the other. The instinct of possession and an abundance of energy may make the kleptomaniac or the "respected" citizen; abundance of physical energy and the mind of the child or that of the moral imbecile may produce the woman of the street and the male pervert. The school-room with fifty-nine interested normal children becomes a whirl of confusion through the sixtieth child whose love for money, pencils, or food, is greater than her memory for punishment or whose regard for others is yet unawakened. The good-natured imbecile, the utterly helpless idiot, the easily pleased and happy insane present the State and the home with the simple problem of watchful protection amidst clean, hygienic surroundings with amusements and occupations suited to their abilities and interests. The defective-delinquent breeds trouble always and everywhere he goes unless his mind and body are fully occupied and under custodial care or personal guardianship.

Referring to the defective-delinquents, and more especially to the female delinquent, Mr. Johnson states that a large percentage of our girls who go wrong are of the defective, or feeble-minded, class. Statistics from a number of the institutions where such girls are detained seem to prove this contention. For example, the New York reformatory at Elmira finds 37 per cent of its inmates clearly feeble-minded; the New Jersey reformatory at Rahway, 33 per cent; the New York Reformatory for Women at Bedford, 37 per cent; the Massachusetts Industrial School for Girls at Lancaster, 50 per cent; the Maryland Industrial School for Girls, Baltimore, 60 per cent, and the State Home for Girls, Trenton, New Jersey, 33 per cent.*

*Johnson, Alexander, American Year Book, 1913, p. 440.

In the United States on the basis of one in 300, there are 307,185 feeble-minded.* This is a lower rate than that adopted by the English commission. Goddard states that "Three hundred thousand persons in the United States are feeble-minded, and five hundred thousand persons in the United States have not sufficient intelligence to manage their own affairs with ordinary prudence—are unable to compete with their fellows on equal terms and thereby to earn livelihoods. A still larger number have not sufficient will power to force themselves to do the right thing when it is pointed out to them."† Sixty thousand of these are feeble-minded women of child bearing age. Fifty per cent of the prostitutes are morons, or decidedly feeble-minded. This percentage is probably too low. We quote below the results of the Binet tests applied to one hundred young women admitted to the Bedford Hills Reformatory, New York State. The selection is practically serial admission. The physical age ranged from sixteen to twenty-nine years.‡

Mental Age by Binet Scale.	Number in Group.
5 to 6 years	1
7 to 8 years	3
8 to 9 years	8
9 to 10 years	29
10 to 11 years	39
11 to 12 years	19
12 years	1
	100

Average mental age, 10.05 years; average fundamental year, 7.54 years; average physical age, 20 years 9.7 months.

If these tests even approximately measure their mentality, "these young women with the physiques, the strength, the appetites, and the passions of grown women, with their experiences of the life of the underworld, have only the average age of little girls of ten to guide their lives."**

*Folks, Homer, Conf. C. & C., 1911, p. 2.

†Johnson, Alexander, American Year Book, 1913, p. 440.

‡See p. 62 for description of Binet tests.

**Davis, K. B., The Survey, 1911-12, p. 1851.

THE MENTALITY OF THE PROSTITUTE

	Examined at—			Totals	Per Cent
	Prisons	Detention House awaiting trial	Industrial Schools		
Feeble-minded	54	46	54	154	51
Insane	4	.....	7	11	3
Normal	42	54	39	135	45
Total	100	100	100	300	.....

"The mental inferiority of many of these women was masked by the glibness of tongue, the bold and confident manner and the attractive physical appearance which are so often found in such cases. The general appearance and bearing of many would not suggest feeble-mindedness to an inexperienced observer. . . . The 135 women designated as normal as a class were of distinctly inferior intelligence—drunken, alcoholic, and drug-stupefied women were all classified as normal. Not more than six of the entire number seemed to have really good minds."*

CHILDREN OF SCHOOL AGE.

The statistics quoted above in various places are admittedly inexact. Medical inspection in the schools is established in very few States, and many of the States, including Texas, have no agency studying the problems of the backward and delinquent child, or adult. In California, where medical inspection is in operation in the schools, thousands of remediable cases of backward children and actually feeble-minded ones have been found where none were reported. Out of 18,000 children tested, 12,000 showed defects that were more or less remediable. We can be certain that more careful study and more accurate methods of examination will in no way lower these various estimates. *All older communities show greater percentages of these classes. Texas cannot hope to see a different outcome if she fail to appreciate the problem or delay the means for its solution.*

As illustrative of the types referred to above and the problems

*Report of the Commission for the Investigation of the White Slave Traffic, so called. Boston, February, 1914, pp. 28-30.

discussed later, the writer has selected at random a number of descriptions of cases given by Barr in his work on Mental Defectives. Every one of the cases given might easily be paralleled by cases taken from our Texas towns and villages were the data at hand in some central agency. In a general paper of this sort it does not seem wise to refer to particular communities and individual families in Texas.

Case E.—R. W. Boy; fourteen years old. Under training be-

PLATE V.

came quite efficient in household service; but disobedient, hard to manage, and an incorrigible thief, stole even from himself. Thus, some years ago he came in possession, to his great delight, of a toy—a little rubber toad. In a few minutes, however, the toy disappeared. He screamed, cried, and protested that someone had stolen it. Upon investigation it was discovered securely tucked away in his glove. He had secreted it—stolen it from himself—simply to create excitement.

R. was born at full term; ordinary labor. There were four or

five children; two sisters living; one boy next older than R., an idiot, was killed by the cars. Mother, imbecile, forty-five when child was born; father, a day laborer, age unknown. Mother had two feeble-minded sisters, one of whom had an illegitimate feeble-minded son, whose father was also feeble-minded.

Case H.—G. A. Boy, aged ten years when photograph was taken. An adroit thief, an accomplished liar, brutal, cruel, and dangerous to smaller boys. In training class learned to knit and darn stockings. Was very deft with hands, but too dangerous a character to be trusted with tools. Could pick any lock. Under supervision was fairly good at both farm and housework. Enticed away at eighteen years, he disappeared for five years and, drifting from farm to farm, giving unlimited trouble, finally, in a spirit of revenge, set fire to a barn and was arrested. During trial he confessed to no less than fifty burglaries, many of which had for a long time baffled the detectives. A waif and stray; nothing is known of family history.

Case B.—L. K. Girl, aged fourteen years when photograph was taken. Came to the Training School in her sixth year. An attractive child with blue eyes and yellow hair. Willful and obstinate at first, but soon responded to influence. Quick to imitate; did well in kindergarten, and later in school learned to read and write, to sew and embroider, but began to deteriorate morally, and after her eighth year never ceased to give trouble. Using her acquirements for evil purposes, she was at sixteen a thief, a liar, and a nymphomaniac who could not be trusted alone, and would pass notes to boys in the most ingenious fashion. An expert in thieving, she could lie with the most unblushing effrontery and apparent innocence. Could be clean in speech and circumspect in conduct, but at times in both language and action was most vile. Had wonderful influence over girls of lower grade and used them as tools. In her twenty-fifth year, having grown to be an attractive and even handsome young woman, she was yet so unmanageable that she was transferred to an insane hospital. From there, through the ill-advised efforts of some sentimental philanthropists, she was released with the idea that she was capable of self-support. Since then she has drifted naturally downward, and having given birth to an illegitimate child, is now in the syphilitic ward of a

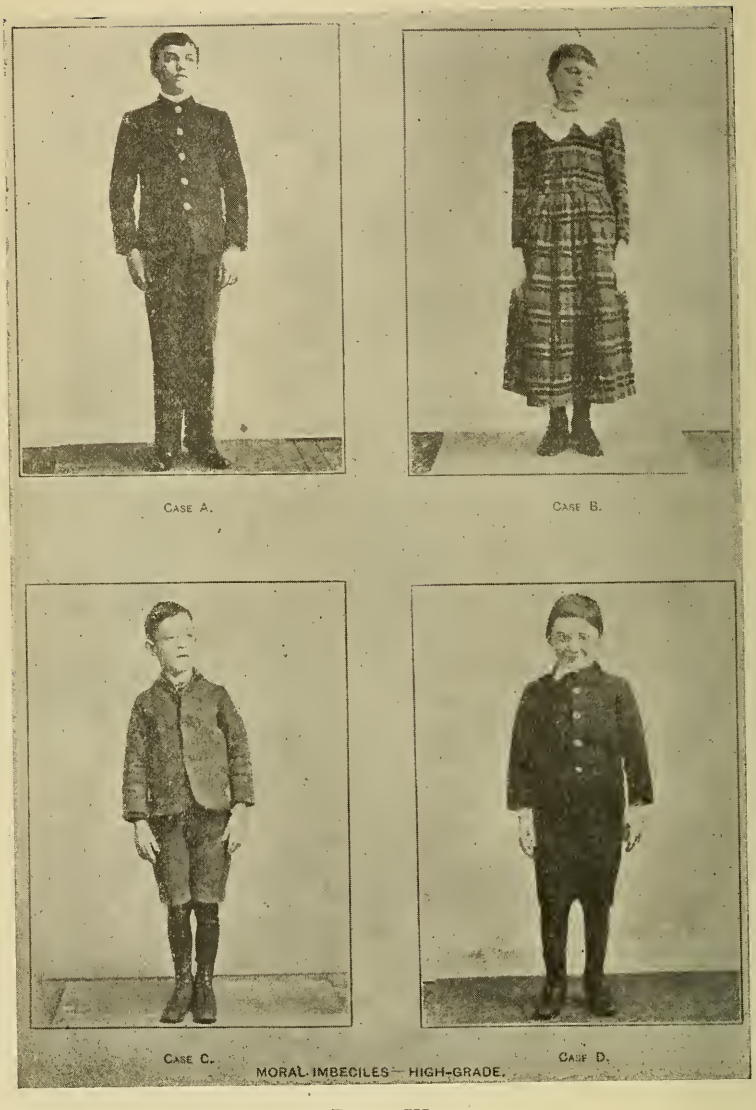


PLATE VI.

charity hospital. Father, a blacksmith, forty-one years, and mother, an imbecile domestic, thirty years of age at time of child's birth. Father brutal, abused and beat mother, who was a victim also of overwork, suffered intense pain two weeks prior to child's birth. Labor long and difficult. Both parents drunkards, as were also both grandfathers. Maternal grandfather had an imbecile sister.*

Case E.—M. C. Female, aged twenty-three years. High grade. Came under my care when nine years old. Choreic movements of

PLATE VII.

face, powers of attention, imitation, and memory excellent. Could read and write, sing, distinguish color and form and care for herself in every way. Did well in school, but affected and silly at times. Mental limit reached at fifteen, when she became a pronounced nymphomaniac; formed violent attachments for girls, and was fond of attracting the attention of boys. In her seventeenth year, her mother being persuaded that imbecility could be cured,

*For a description of other cases on this plate, see Barr, op. cit., pp. 275ff.

craniectomy was performed. Exhibited as a phenomenon in the hospital, and tributes paid to the surgeon's wonderful skill, there was, nevertheless, not the slightest improvement in her condition. First-born, at full term; instrumental delivery. Father, a drunkard, was forty-two, and mother, forced to leave him in the fifth month of her pregnancy, was eighteen at time of M.'s birth. Paternal grandfather, a drunkard, died of cancer of the mouth.

Case F.—F. E. Boy, aged eleven years. Epileptic. High grade. Coming to me at age of seven years, immediately after an operation of linear craniectomy; he was a bright-faced, attractive boy, with black eyes and hair; erect and good physique. Speech, sight, and hearing perfect. Affectionate, truthful, obedient, tidy in dress, cleanly in habits. Table manners excellent. Understood language and had a fair vocabulary. Powers of imitation and memory good, but attention poor. Knew nothing of color, form, or number. Upon entering the kindergarten was inclined to be a little slow, but when stimulated responded and became eager to learn. Sense of perception developed rapidly. Readily recognized articles by touch. Developed an excellent singing voice. Learned to march and dance gracefully. Passionately fond of music and animals, learned to read, write, to draw and model in clay. In his ninth year there was a sudden change in his moral nature. Became stubborn, disobedient, untruthful, and kleptomaniac, stealing articles for which he had no use, covering up his tracks with the utmost cleverness. He began to grow silly and there was a recurrence of epileptic attacks, from which there had been immunity for five years. There was a marked change also in mental condition, and he would sit listless or aimlessly scribbling on slate or paper. Within two years, as spasms gradually decreased and finally ceased, he emerged from this lethargy and returned to his former condition—moral and mental. His improvement I consider due to the cessation of the spasms, training and treatment, and to the individual care he has received. I can see no benefit traceable to the craniectomy. Fourth-born, full term; labor ordinary. Apparently normal when born; had several falls during infancy, but nothing unusual was noticed until at twelve months, after an attack of whooping cough he appeared peculiar, and at three years developed epilepsy. Father, a stone-

cutter, was thirty-seven; mother, twenty-nine when F. was born. Family history excellent.

Case B.—XK. Specialty, music. Boy; high grade; seventeen years old. Pleasing address and courteous manners. Has a wonderful talent for music; plays equally well on piano and pipe-organ, either at sight or by memory, and improvises and composes without effort. Has had the benefit of a course in music at a European conservatory. Is an apt translator of foreign languages. Has wonderful hand-skill, which he is capable of utilizing as purpose of the moment demands. Is an excellent typewriter and accurate above the average. From his tenth year he had attended various schools without receiving the discipline which his needs required.

Case C.—L. W. Specialty, hand weaving. Male; twenty-nine years old; idio-imbecile. A mute; other senses normal. Understands everything that is said to him, and makes peculiar grunting noises in his efforts for speech. Could not learn to read and write, but is very deft with his fingers, weaving very rapidly intricate patterns, with colored worsteds. Second child; born at full term; nourished by mother; was apparently healthy until one year old, when spasms developed, of which, however, there has been no recurrence. Father, a farmer, slow of speech and action: was thirty-seven, and mother, who has a small goitre, was twenty-eight at time of child's birth. Both parents mentally below par.

Case D.—J. I. Specialty, lightning calculation. Boy; high grade; fifteen years old; epileptic, spasms recurring monthly. Can read and write, and is fond of music and animals. A mathematical phenomenon: has wonderful facility with numbers. Can multiply, divide, add, and subtract as rapidly as numbers are called. When fatigued, or for several hours succeeding a spasm, he does this very slowly, or not at all, but when fresh and in good condition, can calculate very rapidly, giving results almost simultaneous with the speaker's voice. Born at full time; labor ordinary.

Case E.—A. E. Specialty, music. Male; idio-imbecile; epileptic, thirty years old. A dwarf; height 4 feet $1\frac{1}{8}$ inches; weight, $66\frac{1}{2}$ pounds. Physiologic age, about sixty; psychologic age, ten years—a young man with an old body and a childish mind.

Vocabulary and understanding very limited, but has a wonderful ear for music. Can catch any tune he has heard once, reproducing

PLATE VIII.

it accurately on the mouth organ. Can pick out tunes on a toy piano, and enjoying his own performance immensely, will applaud himself vociferously, clapping his hands and shouting with glee. Could never learn to read or write, and is unable even to dress himself. Spasms occur not oftener than once a year, but are very severe. Born at full term; ordinary labor. A crying infant, was

PLATE IX.

Idiots at the Dallas county poor farm. The mental age of two of them is little more than that of a baby eight or nine months old. They are allowed to form all sorts of habits, and are cared for here by an old negro woman, who feeds them out of tin pans as we feed our dogs and cats. We must remember that these people did not come into the world of their own choice. They must live in it now.

dosed largely with so-called "soothing syrups." Had meningitis and did not walk until sixth year. Father, a day laborer, probably syphilitic; mother scrofulous and subject to "sick headaches." Both grandfathers were drunkards. Paternal grandmother and father had each a sister feeble-minded.

The children described here illustrate types that are common

everywhere, including Texas. They are unmanageable at home and in the ordinary school, a source of continual annoyance to the community. We people our jails, poor farms, reformatories, and prisons with them finally. The training school and colony with their special means for care and control have proved to be the best place for such defectives throughout life. The cases cited are actual inmates of such institutions and as such they are happy, useful members of the institution. Plates I, II, III, IX, etc., show how we treat most of these in Texas. Plate IV is a bright spot in our own State.

THE PROBLEM AND ITS SOLUTION.

It would be impossible to show the difficulties in the school-room where such feeble-minded, or low grade, backward children are found. We can scarcely estimate in any satisfactory way the effect upon the teacher who has to handle such a child—the effect upon the normal child who must remain in the room with the nervous, irritable, or disagreeable person of this type. We know from investigations in other States, like New Jersey and Pennsylvania, that a large portion of the energy and efforts of the teacher must be expended on such a child to produce any results whatever. So great has become this problem in the larger cities that many of them have established separate schools for the unusual, or defective and delinquent. The State of Texas, local or general, has made with one exception absolutely no provision for this class of children and young people.* We know, further, that these children cannot be taught, without special appliances and specially trained teachers, with any degree of success. The result of such failure to supply the proper means and properly trained instructors is to send them out of the schools with no real training whatever, or with a dangerous superficial brightness, and an education that will in no way assist them to live an even partially successful life.

The situation in the home is practically the same. In a home where there is one feeble-minded child among a number of children, we have the definite effects of such communication. To be sure, we recognize the increase in sympathetic understanding that children and parents exercise toward such feeble-minded children;

*The city of Houston has a room for such children. See p. 21.

but these moral and social traits are infrequently developed and far overbalanced by the amount of time and energy required to care for such a child, especially if he be of the low grade imbecile or idiotic type. One writer states that we may figure without error that the time of one adult is needed for the care of every feeble-minded or low grade imbecile child or adult. In a custodial institution five of these defective children or adults may be cared for by a single attendant in a much better manner and with much better results than in the home. We are, then, by sending such children to institutions provided for their care, relieving four out of every five of the normal adults now busied in caring for such defectives, for the economic and business life of the normal community.

Again we have no satisfactory data concerning the mere financial cost of these persons when they are kept in the home and allowed to run in the streets. We know practically nothing regarding the condition of these people when without proper care and protection. There are isolated instances in Texas which come to our notice through charity organizations, and every one of these is such as to arouse our pity without ever suggesting to us a direct and personal means of aiding them. *It is unquestionably true that economically the institution and custodial care for such persons is in the long run far less expensive to the State and the people of the State than the present individual and haphazard care that is given such dependents.*

The effect upon the community at large where one or two or more of these defectives are living is also difficult to estimate. It is certain that the feeble-minded girl and boy are often the bearers of many of the social diseases, and it is especially true that feeble-minded girls are, in the large majority of cases, the inmates of our houses of prostitution. I quoted above a letter (page 18) from one of these homes in Texas for erring girls in which the statement is made that a very large percentage of girls brought to this home are of this defective type. Investigations of a more careful sort in other communities show that this holds true almost universally. In the Bedford Hills Reformatory, New York City, 90 per cent of the girls there for crime or misdemeanor have never attended a school higher than the eighth grade of the common

school, and a large percentage of this group are girls who would not profit by such school attendance. Approximately 60 per cent actually test as defectives, or feeble-minded, in the sense of the definition given above. All of these things indicate that the effect upon the community of the single individual of this type is bad in the extreme in so far as the social, economic, and moral ideals of that community are concerned.

"The general public has already been educated to the belief that it is a good thing to segregate the idiot or the distinct imbecile, but they have not, as yet, been quite so fully convinced as to the proper treatment of this brighter and more dangerous class, the defective delinquent. From a financial standpoint, segregation of the defective delinquent would be a great economy, to say nothing about the more salient feature, that of stopping them from producing their kind. If we could segregate these defectives when they are young and keep them confined during their natural lives, it would obviate the expense of having them committed repeatedly to our penitentiaries when they grow older. Under our present plan they are sent to our penal institutions for a short term after committing some crime, allowed to go out again, scatter their progeny, and commit other crimes and depredations, only to be recommitted time after time. . . . If we take these children into our institution, brighten them up as best we can, and turn them loose on the public, it has not only been a waste of time, money, and energy, but we have done the world an irreparable injury. The education and training they receive in our institution conceals their defects to a certain extent, enabling them to marry more easily, often into innocent families, and as a result we get back several for one, which is often true if they never marry.

"Some may say, 'Why it is a pity to confine these children in an institution all their lives'; but that is where they are greatly mistaken, as for instance, in Ohio, I can say to you that we have a community of over 1600 of the happiest children in the State in our institution."*

*Emerick, E. J., Supt. Inst. Sch. for F. M., Columbus, Ohio, The Segregation of the Defective Classes, Proc. N. E. A., 1912, pp. 1291-2.

HISTORY OF TREATMENT.

It is an essential principle of social solidarity to educate each individual to the level of his inherited capacity. In modern times we recognize that the child has a right to that measure of social training, of education, and of human enjoyment and satisfaction which we possess. We know today that many poorly educated individuals may be so merely because they were poorly nourished, had bad eyes or hearing, or many other structural defects, in a large measure remedial, that prevented them from utilizing the opportunities offered. Special care for these in their school days was needed. Today greater and greater numbers of people are realizing these facts, and we are furnishing our pupils with medical supervisors, trained nurses, and experts in mental diagnosis. The people who advocate such advances argue that money is wholly wasted in teaching a student who cannot see by methods adapted only for those who can see. If we spend but a little more money in the right direction, then that now being wasted will be made valuable. The recognition of this fact has led many countries to establish schools for backward children and parental schools, where the child difficult of control or varying too widely from the normal may receive special oversight. Today practically every country of importance also has schools and institutions for the education and training of those actually feeble-minded; too often only education imitated, and intended to make them normal.

To be happy and attain in any measure the development possible, every feeble-minded and backward child needs special training. The same amount of time and trouble spent on two children, one bright and the other feeble-minded, produces in the first knowledge and skill—in the latter, greater mental confusion and failure. Yet a slight increase in time and effort and the application of special methods will often brush away such mental confusion and enable the child to attain a certain measure of enjoyment.

In early times the term idiot inspired horror and disgust. Today this is still too often the case. The Spartan, striving to preserve a healthy race, left these weaklings exposed to such dangers and climatic changes as speedily brought about their death. In the

middle ages they became the fools or jesters in the courts, or wandered about as wild men in the woods, sometimes classified as belonging to the human family, more often classified according to the animals among which they were found, as wolves, sheep, bears,

PLATE X.

This low-grade imbecile is spending his life at the Bexar county poor house. He climbs trees, going out so far on the small branches that they break with him and he falls to the ground. All of his energy, almost that of a full-grown man, is expended in this useless fashion. Literally hundreds of others are eating up the wealth of our State and with no training, getting no enjoyment out of the life that they must live. Neither the right to be well born nor the right to live the best that is in him now has been granted this human being.

etc. Linnaeus gives us a list of ten of these phenomena, which he considered as forming a variety in the genus homo.*

Luther and Calvin declared that the idiots were persons filled with Satan. At other times and in other places these feeble-

*See Barr et al.

minded were viewed as a visitation of God upon the family into which they came, and at all times they have been enshrouded in mystery. The point of view of the middle ages considered the house into which the idiot was born as blessed of God, for, as the phrase had it, these people "walked on earth and talked in heaven."

It was not until 1798 that any attempt was made to educate or study the feeble-minded in any scientific manner. A party of sportsmen in the woods of Caunne caught one of these wild boys and brought him to Paris. His education was begun by Itard and was carried on for five years. Thus ended centuries of neglect and ignorance concerning these unfortunates, and began the period of today, in which we are gradually spreading the knowledge concerning the origin and proper care of mentally enfeebled human beings.

As early as the sixteenth century the Cretins in the canton of Wallis in Switzerland had attracted notice. They were described as having "misshapen bodies, deformed heads, swollen tongues, almost entirely without power of speech, staring on the ground, with darkened countenance, the object of curiosity and scorn." In 1811 Napoleon ordered a census to be taken of these people. It was found that there were some 3000 in the canton. The plan he had in mind contemplated moving the Cretin to a better and healthier climate with a view to effecting a cure, or at least preventing an increase of the population. This failed because of its very magnitude. In 1836, however, a poor, deformed Cretin, murmuring his prayers before a wayside cross, attracted the attention of Guggenbühl, a young physician of the canton Zurich. For two years he lived among the Cretins and studied their condition. Then, convinced that he could bring relief to many of them, he published a paper on Cretinism in Switzerland, and appealed to the government for assistance. A plantation four thousand feet above sea level was placed at his disposal. The methods pursued in this colony were very simple. A regular diet was prescribed, and the senses were continually called into action by exaggerated and oft-repeated stimuli. Attempts were made continually to fix the wandering attention of the feeble-minded. The colony ran successfully for twenty years. Then, through envying suspicion and enemies caused by the success of the institution, political diffi-

culties arose which forced Guggenbühl to retire. His institution was dissolved and the final outcome of such a work was left in doubt.

In 1837 Seguin, who was a pupil of Itard, opened a private school in Paris with the avowed intention of educating the idiot. His work was so successful that Dr. Ferrus, president of the Academy of Medicine and Inspector General of the Lunatic Asylums of France, had him appointed to the directorship of the School for Idiots at Bicêtre. As a result of his work in this famous hospital, he published two pamphlets that won praise from the famous hospital and later the endorsement of the French Academy of Sciences. We may summarize the results of his experiment as follows:

"The necessary conditions for the improvement of imbeciles are that the treatment not only be hygienic, but moral; that the education be not the putting in action of acquired faculties, which is the education of the common schools, but the development of the functions of the aptitudes of the faculties and of the instinctive and moral tendencies. These are to be first ascertained by careful physiological and psychological examination or analysis of each case, and the program of education is as follows:

1. The moving power.
2. The senses.
3. Perceptive faculties.
4. By gymnastics of comparison.
5. By gymnastics of invention.
6. Excitement of sentiments and instincts by normal necessities.
7. Special excitation of the faculty of spontaneousness.
8. Incessant provocation to regulate action to speaking and to the exercise of faculties then developed.

The aptitudes thus created are then applied to different specialties according to the fortune, age, or condition of each individual, taking care to choose in every case an occupation which will keep in activity the muscular system as well as the mental faculties."

It will be impossible in a short paper to discuss in detail the history of the development of the training and education of the

*Barr, Mental Defectives, p. 34.

feeble-minded in the different countries. Along in the middle of the nineteenth century the beginning of such study and attempts at education were made in a large number of countries, notably France, England, and America. Previous to this time the care of the feeble-minded had been left to the church very largely. We find in history scattered instances of retreats started by the nuns and monks for the care and protection of these individuals, but until the work of Itard in France and that of Seguin, his pupil, in France and America, no definite plan of education had been established.

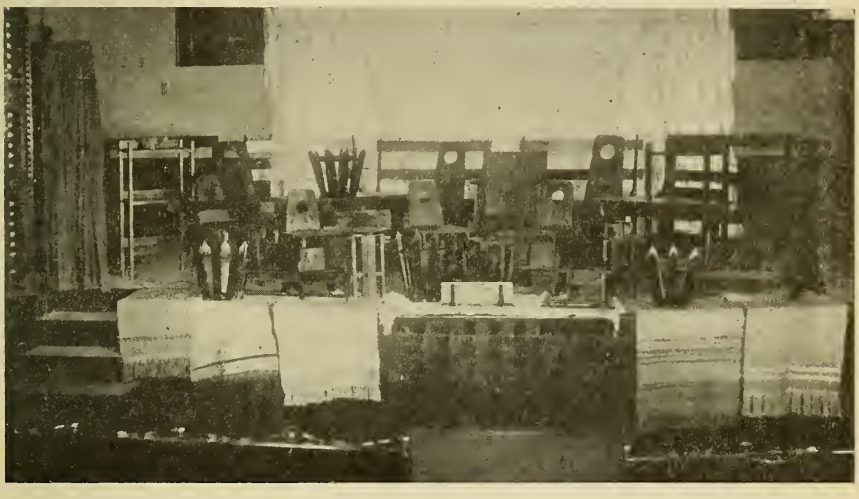


PLATE XI.

Exhibit of work done by the pupils in the Special Room of the Rusk School, Houston, Texas.

At the same time that this work was going on in France, Dr. Samuel G. Howe, director of the Perkins Institute for the Blind at Boston, became interested in those of unsound mind. In 1839, he writes, a child was received at his institution not only blind, but unsound in mind and paralyzed. Under a course of treatment persisted in according to physiological and hygienic laws, its condition was so far ameliorated as to encourage him in taking two similar cases. He infers: "If so much could be done for idiots

who were blind, still more could be accomplished for those who have their sight."

In 1846 interest in his work reached such a point that the commonwealth of Massachusetts appointed a committee to inquire into the condition of idiots in that commonwealth. The report of this commission gave a full statement of the condition and treatment of idiots in almshouses and private families. It contrasted with this treatment what was being done for mental defectives

PLATE XII.

Three imbeciles at the Grayson county, Texas, poor farm. These three sat together for forty seconds during the exposure of the plate. The middle one moved slightly. Three-quarters of an hour later they were still sitting in this position on the bed. This is their entire occupation day after day. Each one is capable of training and could be taught to do many simple tasks

in the training schools of Switzerland, Germany, and France. As a result of this report, the State appropriated $2500 annually for a term of three years for the establishment of an experimental school. This school was opened in 1848, and was continued in connection with the Perkins Institute for the Blind. At the end of 1850, the success of the experiment had been so thoroughly proved that the Massachusetts Assembly incorporated the Massachusetts School for Idiotic and Feeble-minded Children. In look-

ing about for a person to assist him in the difficult task of directing the two institutions, Dr. Howe, through correspondence with Dr. Seguin in Paris, finally persuaded him to come to this country. "Thus it happened that the first effort to introduce foreign methods of training mental defectives into America was recognized and implanted by one himself largely the author of these methods." Dr. Seguin remained in America a number of years, working in Massachusetts, New York, and New Jersey. There still remained a short time ago at Orange, New Jersey, a private school for feeble-minded pupils, maintained by his widow.

New York appointed a commission on idiocy in 1846. In 1851, through the interest aroused by the work in Massachusetts, an experimental school was opened in Albany. The possibilities of such a school were successfully demonstrated, and permanent quarters for the school were selected at Syracuse. Here was erected the first building in America for the specific purpose of caring for the feeble-minded. In 1852, James B. Richards, the first teacher selected by Dr. Howe as a regular teacher of the feeble-minded in the Massachusetts school, came from his work in Boston and opened a private school in Germantown, Pennsylvania. As a result of his work a corporation was formed in 1853, and a board of directors was appointed to undertake the responsibility of the school, retaining Mr. Richards as their teacher. An exhibit of the work done in this school resulted in obtaining an appropriation from the State of $10,000 during the winter of 1854.

It would be of interest to follow in detail the work of these three States in developing the State care and treatment of the feeble-minded. We know now, however, the success that such work has won in the above States. In New York there are five institutions given over to the training and care of the idiot and feeble-minded. Pennsylvania has three. In Pennsylvania, for example, in 1906 there was an estimated population of 15,000 feeble-minded in the State. Twenty-five hundred of these were cared for during that year in State institutions. The success of this method of care is attested in that State by the fact that at that time there were 2241 applications for new admissions on file. In New York within the last few years a colony has been projected that will, it is hoped, care for the greater majority of the

feeble-minded population of that State. As a matter of fact, the need for, and the success of these schools point out to us that the problem, by means of segregation and prevention, would solve itself in time if we but seriously undertook to provide means for segregation in the form of ample institutional space. In the following section we wish to examine more closely the types of care now provided in many of the States.

SEGREGATION AND STATE CARE.

"The adoption of the colony for both the feeble-minded and epileptic with its settlements placed about on a large acreage of land, promises to furnish the largest measure of relief. The parent institution would receive all patients, train, instruct, and discipline as deemed advisable and necessary for future usefulness, and when the school department can do no more for them, they should be turned over to the colony, together with all patients received who are too old for the school, retaining them long enough to train and classify. The colony consisting of not less than 2000 acres of land should be located where State property could be acquired, or on cheap, rough land upon which the labor of the colonists could be used to clear, cultivate and plant, building their own homes and developing such industries as are best suited to their abilities. Here the able-bodied, feeble-minded, and epileptic could find a permanent home, where their lives could be spent in useful labor and quiet happiness, receiving such care and supervision as deemed necessary."*

Many tests and special examinations are being made in reformatories and among people of these classes to determine the actual conditions demanding such treatment. More must be made before the whole story can be told. In this respect the investigation of a single case may tell volumes. For example, we may quote as one illustration out of many the examination made of fifty-six girls who had been inmates of the Massachusetts reformatory, but had been released on probation.

*Ninth Biennial Report of Michigan Home for Feeble-minded and Epileptic, Lapeer, Michigan, June 30, 1912, p. 11. (The home institution in Michigan is on the cottage plan largely, but the managers still feel the need of the colony system.)

"We [New Jersey Training School] examined fifty-six girls who had been inmates of the Massachusetts reformatory, but had been released on probation. They were selected because of their bad conduct and inability to remain in the homes found for them. *Fifty-two of the fifty-six were distinctly feeble-minded.* Note their type as shown in the following two cases:

No. 1 is eighteen years old and tests twelve. Father is drinking man; mother, a low-grade woman, absolutely no sense or power to control her children, probably immoral. One brother out of reformatory on probation; another just out of truant school on probation. Girl's history: hard to manage; was a fairly good scholar, a great mischief-maker, and a terrible story-teller. Would call up strange people on telephone. Took a much prized hand-woven towel belonging to the lady for whom she worked, and cut it up to make a dressing sacque. Will do work well one day and the next not seem able to do anything. Will steal little things. So untruthful and such a trouble maker; tells stories about the people for whom she works, and is so crazy about the men (has been immoral) that she cannot keep a position.

No. 2 is twenty years old; tests nine. (Indian blood.) Mother immoral—living with a man not her husband—keeping house of ill-fame, using her children for gain. Own father alcoholic—lives with a woman not his wife—attempted rape on his own children. Two sisters immoral—one (been in prison) now living a vicious life. A younger sister insane. A younger brother an unruly boy. Girl's history: Committed at fifteen as beyond control, immoral, and a runaway. Responded to little training. Never worked without supervision. Fond of attracting attention. Would faint on street or in store to create scene. Paid $10 for doll. Did not care to play with it, only that it was pretty. Had child, father unknown. Wholly incompetent to care for it. Some days wants to give baby away and the next day would not part with it for the world. Very nervous and moody.

Of one hundred youths in the detention home of the Newark Juvenile Court we found one who had average normal mentality. All the rest were below, while sixty-six of them were so far below

as to be beyond question feeble-minded."* A large percentage of paupers, drunkards, of those convicted of petty thieving, are feeble-minded, or quite incapable of maintaining themselves against the temptations of their environment. These must also be removed and protected.

PLATE XIII.

"A Child Who Has Helped to Lead the Way."

"In the movement for more adequate provision for the feeble-minded, a place beside the scientists and physicians and educators and legislators must be made for this little half-witted girl. The facts of her heredity were published in the first annual report of Letchworth Village. They have done more than heavy tomes to

*Goddard, H. H., The Basis for State Policy, The Survey, v. 27, 1911-1912, p. 1852.

convince people that it is bad policy to let the feeble-minded drift in and out of the almshouses; that it is but humanity and economy to segregate them and to strike at the causes of mental defect.

"Emma W. came to life in an almshouse, stamped with illegitimacy and feeble-mindedness. Her family's record reads: Mother, two brothers and a sister feeble-minded; mother's father feeble-minded and mother's mother tuberculosis. When a second child was expected the mother was induced by well-meaning people to

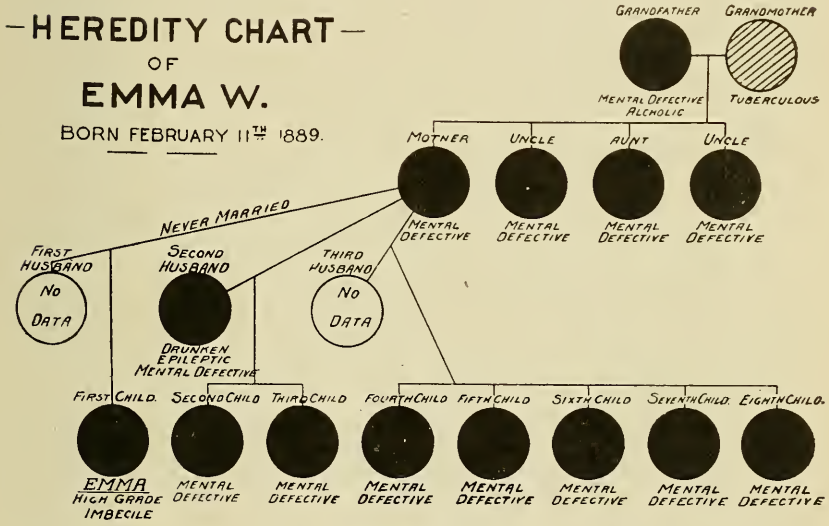


PLATE XIV.

marry the father, who was a drunken epileptic. Two children were born. Still later the same well meaning people aided her to get a divorce to marry the father of another child about to be born. Since then four more have been born. All of these children are feeble-minded. Entire family, with exception of oldest child, is at large."*

From the chart above Emma W. may be seen to be the oldest daughter of a mother who bore eight feeble-minded children.

Concerted action by State, city, and county can alone reach the

*The Survey, v. 27, 1911-1912, p. 1837.

solution of such problems as these. No individual charity, be it church or charity organization, can, unaided, stop the ever-increasing mass of degraded humanity that reproduces itself more rapidly than the other types of society.

It is obvious from our study of the causes of feeble-mindedness and the conditions in which these defectives live and propagate their kind that the problem has become, under modern social developments, almost entirely an administrative and executive one. Defectiveness of all types cannot be cured, hence the physician and public health agencies are helpless in the premises. Charity can only relieve the immediate hunger or offer clothing for momentary needs. Its work is always to be repeated. Permanent relief is impossible among the shiftless and improvident who are so because of mental or moral defect. *The only relief worthy of the name is permanent oversight and care.* For the totally helpless, this must be in institutions, villages, and farm colonies. In another place we have described the type of institution and village that are most suited to the support and care of the feeble-minded. These institutions and villages enable us to segregate those of child-bearing age and to care for the idiot and low-grade imbecile. Connected with the institution, it is undoubtedly the best arrangement to have a large farm.

A combination, in other words, of the institution and the farm is probably the ideal situation and arrangement at the present time. This would necessitate the classification of our defectives on the basis of need for care and possibilities of self-support. A great many of the higher class of defectives may be used in such an institution to care for the more helpless. It has been found that the sympathy and interest in others acquired by these defective persons as they care for their less favored fellow-beings aids greatly in maintaining discipline and keeping them happy. Besides this it relieves the State and the institution of a great deal of expense in providing outside attendants.

Those of child bearing age, if kept separate from the lower class, are usually kept in villages and farm colonies. The location of such a village or cluster of houses may be on the farm itself. Or, as in Massachusetts, a more expensive arrangement, the farm may be many miles away from the institution and those who are

capable of working on it, especially the men, may be sent there and kept throughout their life. The cost of maintaining these colonies is naturally more expensive in the beginning than it is as the farm becomes more and more productive. In one colony during the first six months of its existence the feeble-minded on the farm paid all but $70 apiece of their support. The $70 was the total cost to the State per individual for the year. Such an arrangement also gives them the proper exercise and training. The colony in Massachusetts and the colony in Maine both report that the health of the young men and women on these farms was very much better than it had ever been in the institution itself. In such States as these the weather is extremely cold with long winters, and we might easily expect the conditions to be more difficult of control. The result has been very satisfying indeed if it succeeds even partly as they have described. In a State like Texas we could hope for even better results where the climate is far less rigorous than in the North.

There will be still a third class of high-grade morons and defectives who, after a number of years of training in the institution school, may be sent out into the ordinary channels of business. It will be necessary, however, to keep continuous watch over such persons. We can never hope to train them so successfully that their defects will not partially incapacitate them and endanger their position in life. The method of control of these probably will have to be through the parole system. It will be necessary to have them report at stated intervals to the institution or to some probation officer and these reports kept on file in the institution. The social visitor connected with the institution will make this parole system a part of his or her business, and at times visit these wards of the State.

Homes must be selected on the basis of sympathetic understanding and a clear and definite notion on the part of the persons in the home must exist concerning the status of the defective. There are many homes in which such a person could not work at all, and many others in which his life would be not only a burden to him but probably disruptive of the home itself. All of these problems are problems for the institution and the central agencies to investigate and solve.

MODERN INSTITUTIONS AND COLONIES.

April 21, 1914.

"Dear Sir: I saw an article in the *Statesman* some time since about the several institutions in Austin for the good and uplift of the people. Among other institutions was the Maxwell institution for weak-minded children. The article gave great praise to the founders of this institution, and I would like to say a few words concerning it. This institution is probably doing a good work for those who are able to pay for it, but their charges are entirely beyond the reach of the laboring people.

"I have a boy now eleven years of age, who has been of weak mind from birth. My wife went to see the people managing this institution over a year ago, hoping to be able to get our little boy into this institution for treatment. Under no conditions would they have anything to do with him unless we were able to pay the sum of $50 per month. I am a telegraph operator, and my salary is about $75 per month. Naturally we could not possibly live and pay such a charge. It is very evident that this institution was not founded for the help of the people, or for poor unfortunates, but was established to make money out of the unfortunate parents of imbecile children. It is utterly impossible for any but the rich to avail themselves of the benefits this institution is able to give.

"In regard to my own case, I do not want the State of Texas to take care of my boy. I am perfectly willing to do that myself, just as long as I can; but it does seem to me that this great State should provide some place where such children can be taken care of and instructed in the proper way. The State could charge whatever the actual cost of instruction and care might be; an amount that would be less than half the charge made by this institution. This would bring such an institution within the reach of the laboring people. . . . I know that the establishment of such an institution that would benefit my poor unfortunate boy has been talked of a great deal, and I think such a bill was introduced in the Legislature, but nothing came of it. I am in a position to do nothing, but it seems to me that you as the head

of this good society (State Conference of Charities and Corrections) might take the matter up and push it till there was something done. . . .

"Now, Mr. Potts, I have explained my case to you just as it is, and there are no doubt thousands of similar cases in this great State. It seems to me that the State could rent a building for this purpose until such time as it would require to erect a permanent building. The State could operate the institution at actual cost. I would be glad to pay from $15 to $25 monthly to have my boy in such a place. I could pay this amount and still live; I could not possibly pay $50 per month. . . ."*

Education.—The situation described in this letter and existing in many other homes in Texas expresses more clearly than long argument the appeal for education and training made by the friends, relatives, and parents of feeble-minded children. We and their neighbors know their children cannot attend school; we know that they are not like other children, but that is all we know. I quoted above (page 20) a letter of a woman who ignorantly wanted to place her child in an asylum for the insane. Many write us asking as this man did, "Do you know of a school where I could send my child?" In the city of Austin the writer knows personally of families who would gladly send their children to such schools and pay the actual cost of schooling if the school existed.

Once the State supplies the school and proper institutional surroundings, two questions arise: How can we tell the mental development of any individual child? and What educational means are best suited to bring out all that the child is capable of? Dr. Barr gave us a classification that is based on the "try and see" method. It is easily seen that such a method wastes much time and energy. The inexpert recognize the profound idiot, but many mistakes must necessarily result from any haphazard procedure. In recent years, two or three methods of testing mental development have been proposed. The De Sanctis' tests are six in number and very simple. The Binet and Simon tests were published in 1908.† By means of this scale we are readily able to determine

*Extract from letter received by Prof. C. S. Potts, Chairman State Conference of Charities and Corrections, April 22, 1914.

†See translation by Clara Harrison Towne.

with considerable accuracy the standard of intelligence of the child. We cannot quote these tests in full here, nor even give an adequate summary of them. We may illustrate the entire series, however, by quoting the tests for a child whose mental age is four.

1. Sex of child. Are you a little boy or a little girl?

If testing a girl, give the question in this form: Are you a girl or a boy?

Children of three do not know. Children of four always do.

2. Naming familiar objects. One takes from his pocket a key, a knife, and a penny.

The answers should indicate that the child knows what each is. This is a more difficult use of language than naming objects in the picture (test for child of three) because then the child chose his own object to name; here we say, "what is that thing?"

3. Repetition of three figures: "7, 2, 9."

Pronounce the figures distinctly one-half second apart and without emphasis on any one figure.

4. Composition of two lines.

Draw two parallel lines 3 cm. apart, the one 5 cm. and the other 6 cm. Hesitation is failure.

The technique of the test is simple, but it takes the trained psychologist who has had actual practice to get completely satisfactory results.*

In the second place, now that we know the mental age of the child, how is he to be trained? The steps of the process begin where the deficiency is noticed in the lowest round of growth. Seguin says: "Let it be one of our first duties to correct the automatic motions, and supply the deficiencies of the muscular apparatus; otherwise how could we expect to ripen a crop of intellectual faculties on a field obstructed by disordered functions?"† The second important step associates useful activities with these adjustments as they are learned. There must be no slip in the process, absolute repetition is essential to make the new element a part of the old. In the third place, these people will probably never be able to do any high degree of abstract thinking. Their work and play as we come to the higher grades will be best done

*Goddard in White and Jelliffe, op. cit., art. on Feeble-mindedness.

†Seguin, Ed., Idiocy: and Its Treatment, Albany, N. Y.

in the manual arts, music, outdoor occupations, as farming, brick-making, tending live stock, and numerous similar activities, where under direction many reach the normal man's output of finished labor. The concrete end must be directly presented. Skill in reading, writing, and numbers demands abstract thinking, all three of these processes to have significance are symbolic and mere signs for concrete processes. It is futile to attempt any great progress in these lines with any but the higher grades. The emphasis of all training must rest on efforts that lead them toward self-sufficient

PLATE XV.

Feeble-minded boys at work in the manual training department of the Pennsylvania Training School at Elwyn, Pa. Fiftieth Annual Report of the School, opposite p. 22.

habits of conduct and to do things that aid in earning them a livelihood or lead to an increased pleasure in living.

The general type of work and detailed apparatus and methods of school training is concretely described in the reports and prospectuses of the schools already established in many States. Probably the best known of the semi-private institutions is located at Vineland, New Jersey. We quote from the 1912 report of the first school that had a building of its own built out of State funds:

PLATE XVI.

Manual Training in Special Room, Houston, Miss Emily Beavens, Teacher.

"The aim of the school is to develop each child to the limit of his capacity by constant occupation from morning until night in school classes, industrial and manual tasks, physical exercise, and play, changing often to stimulate an unflagging interest and pleasure in each. Emphasis is laid upon training in useful occupations so that when the child grows older he may contribute to his support."*

In the sixty-third annual report of the same institution (1913, page 7), the managers describe their relations to the parents and friends of their children thus:

"The resident officers have made special efforts to promote cordial feeling between the institution and its visitors. Parents who have brought their children, filled with grief and misgivings at the separation, have seen the boys and girls at work, in school and at play, have departed feeling that it was a special privilege to have the advantage of such a training school. In spite of any law that may be passed, permanent segregation of the feeble-minded will never be possible until the friends of the children are shown that the modern institution, with its friendly officers and employees, its school music, dancing, games, and moving pictures, is the best place for their children. The feeble-minded child outside the institution is teased and abused by his associates and misunderstood by his superiors; inside, he lives a busy, happy life among his equals."

The previous discussion illustrates the possibilities in the education of the feeble-minded. After the application of the Binet tests we know almost certainly if the child has tested a particular mental age that he is partially educable to that age, and that he will never go beyond that age in any appreciable degree. Special methods can do no more than educate the slight mentality present; it cannot produce capacity. Schools for the feeble-minded are not to make them trained and educated persons in the usual sense of that term; their purpose must be merely to develop and train to the point of mental arrest.

The probability that any advance beyond this is slight, indeed, though the ideas advanced by Seguin are still to be seen in the

*Sixty-second Annual Report of the Managers of the Syracuse State Institution for Feeble-minded Children, Albany, N. Y., Part I, p. 23.

laws enacted by legislatures and in a few schools for the training of mental defectives. The Illinois application blank indicates those may be received "who may be benefited by the instruction." "Delaware orders its patients discharged when they may no longer receive benefit from training." "To discharge, unsterilized, the defective child, after having taught him habits of neatness and a few tricks that make his mental deficiency less noticeable, is worse than never to have put him in an institution."* In other words, the defective is a person who, for the good of society, must end his line of descent with himself. We have indicated in other places that he is personally a menace to society while alive.

The only safe procedure is custodial and institutional care throughout life for the great majority. Some authorities believe that a small percentage of those who are trainable may after a time be returned to society. Even these are usually far better off in an institution where they can earn a living under watchful care. In the paragraphs that follow, we shall describe the type of institution that is best suited to such lifelong protection of these derelicts in society. Sterilization laws and other means of prevention must for years to come be secondary to this solution of the problem. The committee on eugenics of the American Breeders' Association believes that if every State would provide such colonies for all its defectives and socially unfit, two generations would relieve us of almost the entire burden of crime and financial outlay caused by this class.

We quote first descriptions of three typical cases in Texas now needing institutional care.

Mr. Reeves, Representative from the Forty-second District, Texas, in kindly allowing me to copy this letter, writes: "I am enclosing a letter that explains itself. I may add that I have had a great many communications of this kind from different parts of the State."

*Smith, Stevenson, and others, A Summary of the Laws of the Several States, etc., Bull. of the University of Washington, No. 82, May, 1914, pp. 82-83.

June 23, 1913.

Hon. I. B. Reeves, Sherman, Texas.

Dear Sir: Of course I am not one of your constituents, but I am very much interested in the Reeves-Webb bill (of which I believe you are one of the authors) which the Governor vetoed. I am writing to earnestly beg you to use your best influence to have the Governor submit the matter for legislation at the coming extra session.

Our oldest child is mentally defective, and it is a matter of impossibility to properly care for and train her, besides the extreme danger to which our two younger children are subjected. The ceaseless vigilance, coupled with the care of the child, is a task my dear wife cannot stand many years.

Hoping you will do what you can, and that I may hear from you soon, I am,

Very truly,

.....

P. S.—Have taken this up with my own Representatives, also wrote the Governor.

Two Other Cases in Texas Needing Institution Care.

Jennie—Chronologically fourteen, mentally seven; is undersized and anemic; classified second grade; trainable, but absolutely undependable; educably, forgets tomorrow what she learns today; easily confused and never able to straighten a mental tangle. She is a fairly good reader, sews well, weaves rugs nicely, washes dishes and dusts creditably; does good work in manual training, but has to be told step by step. She is highly excitable and very nervous; has very little muscular control, unsteady gait and poor lung capacity; very bad teeth and slight speech defect; is of sweet disposition and fond of play. Grandparents on maternal side, as far as known, were normal, but grandfather alcoholic; grandfather on paternal side was a marked f. m. He married a normal woman. They had three normal children, one immoral daughter, and one feeble-minded daughter (who was the family drudge). This f. m. daughter married a feeble-minded man. They have four f. m. children (two boys and two girls). One of the boys is a wagon painter, the other an office boy. The oldest girl went as far as the

fifth grade in school, and Jennie has been seven years making the second grade, where she came from to the Special Room.

Sam—Chronologically seventeen, mentally nine; height, 6 feet; weight, 180 pounds (physically without fault); classified third grade; is powerful in strength, but does not realize it; will never choose any but a little boy to fight, and never stops to investigate who has caused the trouble; usually he kicks or hits out blindly when annoyed (as he constantly is), and the nearest *little* fellow gets the blow. He delights in drawing trains and modeling in clay; will sit on the floor hour after hour with a chunk of clay modeling Indian heads, or will paste yards of drawing paper together until he has enough to make long passenger trains, freight trains, or circus trains. These are very accurate in every detail. Sam's paternal grandmother was an "artistic crank" and his father "had the mind of a child" until he was twenty-one, when he suddenly got all right and became brilliant. He afterwards held a very responsible position in a big wholesale house in North Texas. Although Sam's mother insists there are no indications of feeble-mindedness on her side of the line, she has some unmistakable characteristics. She has made three very indiscreet marriages; first husband and father of Sam, an acknowledged f. m.; second, a worthless drunkard, whom she divorced, and third, a boy, barely twenty-one years old. By this last marriage she has one little girl. The mother makes home life very miserable for both Sam and his stepfather. She is the terror of the neighborhood, because of her physical strength and vile tongue. Her business sense is very shrewd. At one time she managed a farm so successfully that she was able to buy a very comfortable home with the profits. After moving to town to live she secured a clerical position at $100 per month, which she held until her third marriage. Sam is really an institutional problem, to whom the freedom of the street should not be allowed.*

*Through the kindness of Miss Emily Beavens, who has charge of the Special Room in the Rusk School at Houston, I quote these two cases from the hundred or more she has examined in the course of her work in that city. The names are fictitious. Miss Beavens has trained herself especially for such work, and so far as the writer knows her room represents the only attempt at present to meet the problem of the feeble-minded in Texas, where public funds are used. See also letter to Mr. Potts quoted above, p. 60.

The Colony.—Superintendent Sessions of Davenport, Iowa, says some observers hold that where all the feeble-minded of all degrees from the idiot to the moron are gathered into institutions, the labor of the highest class would support all. No State or community has had the courage to attempt this, therefore no one is able to prove or disprove absolutely the claim. It probably would not test out affirmatively. It is, however, a definite probelm for every State in the Union to do something and do it quickly for its feeble-minded population. An expert in Ohio thoroughly acquainted with the problem, declares that if the State give him 2000 acres of land he would agree to care for all their feeble-minded free of charge.

Twenty-six States in the Union have already made some provision for their feeble-minded population. These twenty-six States have a total of thirty-four institutions; New York, New Hampshire, and Connecticut have five each. There are about the same number of private institutions. Texas boasts one of these, but has no State institution. Its private institution, located at Austin, maintains meager facilities for about thirty pupils or patients. In some of the more advanced States of the East, notably Massachusetts and New York, the fame of their institutions is world-wide. The Royal Commission of England in their report on the feeble-minded in 1908, said: "To increase the resources at the local authorities for dealing with cases of mental defect, and for reducing the pressure on asylums," the Commission recommend "the erection of intermediate hospitals, the institution of large farm colonies, as in America; the general establishment of observation and reception wards, and the use and notification of private homes for the treatment of 'unconfirmed cases.' They propose, also, the adoption of family care and guardianship, either on the plan of the family colony in force on the Continent, or on the plan of 'boarding-out' in force in Scotland, organized in connection with the local authorities for the care of the mentally defective, and under the inspection of the central authority."*

In detail, the Royal Commission refers to the colony system in the following terms: "Another method which we would advocate is the introduction of the large farm system of large farm

*Shuttleworth and Potts, Mentally Deficient Children, pp. 29-30.

colonies on lines suggested to us by the colonies for the feeble-minded which have been established in the United States of America and in Canada. . . . In America, in many instances, large estates have been purchased, which give scope for training the mentally defective in laboring work generally, in farm work, and in horticulture. In some of these estates the colonists are thoroughly accustomed to manual work, and are capable of doing a large amount of hard labor. Thus at the Templeton Colony in Massachusetts, they work in the field, break rock, and drill it for blasting with explosives, store corn, haul bricks, and perform many other tasks in some cases even without supervision. And all this is done, not only by those whom we would call 'feeble-minded,' but by men who are extremely imbecile or idiotic, and who have not human speech. On these farm colonies there is ample room for experiment and development. New plans of education can be put in operation. The originality of the teacher may find new methods of testing and training, and there is space and opportunity for different kinds of employment. Where, as usually in America, the State authority is careful not to discourage freshness of thought and ingenuity, quite extraordinary results are produced on these estates by men whose lives are devoted to the care of the mentally defective, results which may throw light even on the methods of education that may be suggested for the education of normal scholars in public elementary schools. The establishment of one such farm colony in England would be of the greatest service, both directly and indirectly."*

The State of New York has begun within the last few years what is probably the highest ideal for such an institution. Letchworth Village is situated in the town of Haverstraw, on the west bank of the Hudson River, and three miles back from it. It contains 2000 acres. The farm lands comprise about 1300 acres. The territory covered by the whole area is cut in two by a creek, which forms the line of segregation between the boys and girls. On the west side the groups of buildings for the girls and women are located, and on the east side there are the dormitories for the boys and men. We may illustrate the problems involved in the care and training of the feeble-minded by the arrangement of

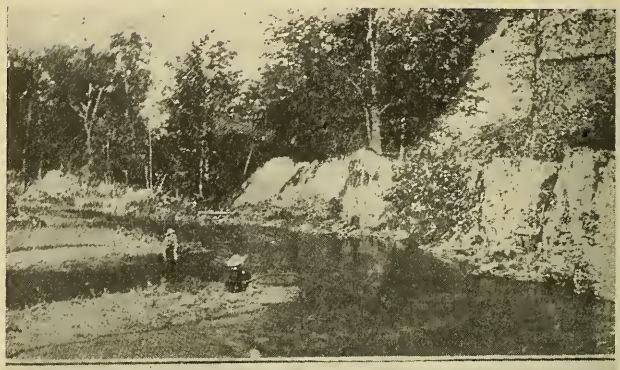
*Op. cit., v. 8, p. 237.

buildings and grounds in this village. The first problem was the segregation of the sexes. This is done absolutely by the boundary lines described above. In establishing the buildings and their arrangement several problems are involved. It was agreed that none of the buildings should be more than two stories high, nor should they contain over seventy inmates. In this village the buildings are placed at least 200 feet apart, leaving sufficient space for each to have its own playground, and they are carefully located with regard to the natural beauty of the place.

The Letchworth Village, as planned, is an institution with six separate groups, each distinct and complete in itself and so far removed from the others that it may be considered a small institution by itself. Each group contains dormitories arranged in the general plan of the horseshoe. In the center of each group is located the kitchen and dining room, and hall used for gymnastics, dances, entertainments, and Sunday school. Near each group is an attendant's home and doctor's house, for each group has a doctor and matron in charge, who is responsible to the superintendent. It will be seen that there are, therefore, three groups for each of the sexes—one for the young and improvable, one for the middle-aged and industrious, and one for the infirm and helpless.

The plans of the buildings and grounds also include an administrative group, hospitals for acute cases, and laboratories for scientific investigation. One of the important buildings in the institution plan is the receiving building or observation building. Here the new arrivals are all placed and carefully classified before being transferred to the various sub-groups. The purpose of such an institution is fourfold. First, it is a home where the feeble-minded of all ages may be given the pleasures and comforts of the ordinary home. All of the day rooms are provided with games, colored pictures, flowers, music, etc. Each dormitory has its own playgrounds, where are baseball diamonds, football grounds, apparatus for basketball, croquet, etc., and swinging hammocks and picnic grounds are provided for the smaller children.

In the second place, the institution provides a school where suitable training can be given to all of school age. Suitable training means, of course, that the children will be given that sort of



Young colonists fishing in the Kishaqua.

Colonists trying to catch the greased pig on the Athletic field July 4th.

PLATE XVII.

Amusements provided for inmates of such colonies. The Craig Colony for Epileptics, Sonyea, N. Y. See Tenth Annual Report, opposite p. 38.

training which will be of most benefit in aiding them to support themselves and at the same time provide them with such mental and manual discipline as will increase their enjoyment in their enforced mode of life. The training of the lower grades of feeble-minded persons must consist in a variety of active gymnastic exercises planned to stimulate their mental processes as well as their physical development. A routine of work and play is planned such as to occupy the entire day not needed for sleep. The higher grades receive education along the same lines, except that they are trained to be finished workers for the State. Besides the physical and mental training described above, these grades are given industrial work in the shops and a variety of other skilled or semi-skilled occupations. It is necessary, of course, to consider the finished products produced by such students and workers as by-products, and not a primary purpose of the institution. The institution as a whole must be looked upon as a school where everyone is a teacher, and the personality of the lowest employee is essential in the management of the institution.

In the third place, such an institution can well afford to be considered as a laboratory for scientific investigation and social study. It is obviously necessary to obtain the history of the families of the children who come to such an institution. We must experiment and study these cases before we can hope to discover the solution of the many problems presented by such individuals. The institution must, therefore, have out in the field a number of trained workers who are gathering family histories and spreading throughout the State information and knowledge concerning the institution and its purpose. These trained workers must report back to the institution and their work must be collated and systematized by workers in the institution. The fourth purpose of such an institution is to utilize the vast amount of energy stored up in these feeble-minded individuals. It is an axiom that no individual can be happy or useful unless he is properly busy. The institution thus becomes a large workshop. These men and women should be included in the routine of outdoor work. It is clear that the farm colony arranged under such a plan offers the very best means for establishing such a routine.*

*Summary of arricle in Survey, v. 27, p. 1869f.

Extract from fourth annual report of the board of managers of Letchworth Village, January, 1913, pages 18-19:

"That Letchworth Village is already beginning to serve the purpose for which it is established, and is living up to the ideas of the man in whose honor it is named, is evidenced by the happy and contented lives of the inmates now in its care. Further evidence is found in the following extract taken from a letter recently written by a relative of one of the inmates to a friend in Europe, and a comment thereon:

" 'The day is dark and rainy, so I'll enliven it by telling you about A.'s visit to Letchworth Village. She came back radiant, telling us that B. is well kept, peaceful, and happy. And so well; not a moment's sickness. And he said if she did not need him at home, *he would like to stay on and see how he liked a winter in the country.* A. is about the happiest, most grateful woman on this continent, bubbling over with gladness. B. goes to the matron as he would to A., and she could not be kinder were he her own. She takes care of his clothes, and lets him help her as her right-hand man. There are certain things that he refuses to do. He is polite about it, but refuses. For instance, he will wipe dishes, but refuses to wash them. But the matron lets him do as he pleases. He finds no end of amusement and happiness in this busy community life. A. told us many stories which show the kindness, the personal consideration and the interest by which B. is surrounded. Oh, isn't this good?

" 'I am struck by the tact, consideration and good sense shown by those in charge of Letchworth Village. No such hard and fast lines that a weak-minded man cannot have his fancies gratified and be, therefore, made happy.' "

In 1891, Mr. Fish, chairman of the board of managers at Lincoln, Illinois, reported to the National Conference of Charities (page 105) the results of an experiment made then. In 1888, "they leased a farm of four hundred acres, about a mile from the main institution." Twenty boys were permanently located there. In 1890, they added another hundred acres to the farm. "December 31, 1890, the account with the farm for three years of its occupancy showed a balance to its credit of $5848.47, or an annual credit of nearly $18 (?) per annum above all expenses, including

rent, wages, board, and 6 per cent interest on the plant. The paid employees are a farmer at $50 per month, a milkman at $20 per month, and a maid of all work at $12."

One of the first plans toward the establishment of such a village as we have described above came about through an experiment started by the Massachusetts School for the Feeble-minded. The Massachusetts school is a conventional institution for defectives, following the older methods of training and instruction developed in the days of Seguin. Not long ago this institution discovered that instead of being a school, it was rapidly becoming a receptable for chronic adult imbeciles trained to the extent of their ability. The inmates had no outlet for their activities and no opportunity to exercise their trained capacity. Many of them were able to do a man's work under proper direction. The great problem arose concerning the disposition of such a class of individuals. To solve the problem the trustees of the institution purchased 2000 acres of land in the northern part of Massachusetts. The area selected was about sixty miles from the original institution. In the summer of 1899 they transferred fifty of their adult male inmates to this estate.

The first work given these patients was the preparation of a permanent farm group. They dug cellars for the dormitories, wells for water supply, put in the sewage plant, and gradually fitted one of the farms for permanent occupancy. At the end of the summer of 1899 one farm group was practically ready for its inmates. It is interesting to note how well this colony spent the winter in this cold northern climate. During the first winter the temperature was often 25 degrees below zero. Houses were all heated with the old-fashioned wood stoves, and the fuel used was the wood cut by the boys themselves. They worked out of doors all winter, and the superintendent of the colony, Dr. Fernald, tells us that there was not a case of illness during the entire season. The total doctors' bill for the winter was 75 cents, which was paid for a minor surgical operation.

In the spring another group of fifty boys was transferred. At the present time (1912) there are four farm colonies established on this tract of land. These colonies are all approximately the same size, and their work is compared with each other, with the

result that wholesome competition is established. The principal occupation, of course, during these first years has been the clearing of the land and the cultivation of crops.

In the few years that the farm has been running the inmates have cleared over 200 acres of land—land that was originally rough woodland, covered with stumps and bushes—and removed large and small stones. This practically worthless land has been

Inmates at Work on the Farm

The Dam During Construction

Keeping Up an Appetite

Cow Barn

PLATE XVIII.

Inmates at work in Letchworth Village, N. Y. See Fourth Annual Report of Board of Managers, opposite page 24.

transferred into fine soil ready for cultivation. The material returns are beginning to be considerable. In 1911 the superintendent reports that they raised over 1300 barrels of apples, 6700 bushels of potatoes, and 620 tons of ensilage. Twelve full carloads of food products were shipped to the home school, in addition to the vegetables used at the colony. It is true that such an institution is not yet self-supporting, but we see that a large

amount of the food and vegetables used by the community can be produced by the inmates themselves.

The actual cost of the buildings and furnishings of the colony in the Massachusetts institution is a little less than $200 per capita. There is absolutely no comparison in comfort, contentment, and health between the boys out at the colony and on the farm and the very best housed patients in the school.

LEGAL ENACTMENT AND STATE POLICY RELATING TO FEEBLE-MINDED.

The platform of principles of the Illinois Charity Law:

"To provide humane and scientific treatment and care and the highest attainable degree of individual development for the dependent wards of the State.

"To provide for delinquents such wise conditions of modern education and training as will restore the largest possible portion of them to useful citizenship.

"To promote the study of the causes of dependency and delinquency and mental, moral, and physical defects, with a view to cure and ultimate prevention.

"To secure the highest attainable degree of economy in the business administration of the State institutions consistent with the objects above enumerated, and this act, which shall be known as the code of charities of the State of Illinois, shall be liberally construed to these ends."—Laws of Illinois, 1909, page 103f.

Until the passage of the Idiots Act of 1886, the feeble-minded, when recognized by law at all, were treated as insane. When any attempt was made to treat them separately, the laws naturally presented a great many difficulties. To send a child to a training school necessitated a "long and formidable array of legal and medical certificates" such as were required to imprison the insane. The asylums in England harbored at that time several thousand idiots and feeble-minded. Ireland says of their condition in these asylums:

"The most grievous hardship which idiots suffer from these enactments is their imprisonment in lunatic asylums. Naturally gentle and timid, they are shut up in the same wards with the insane, people subject to furious fits of passion and dangerous

delusions, and whose conversation and example are often very suggestive of evil. From their imitative tendencies they soon learn all the shameless indecencies brought before their eyes. They pick up oaths and imitate the wild manners of the insane. The medical superintendents would gladly get rid of them, but have no power to refuse them, for there are always medical men to certify that they are idiots, and fit persons to be detained in a lunatic asylum."

The Act of 1886 provided that any idiot or imbecile while a minor may be placed by his parents or guardians in any hospital, institution, or licensed house, specially designed for the care and education of this class, on a formal certificate of his infirmity given by a registered medical practitioner; after the age of twenty-one years he may still be continued under care by a certificate of a medical practitioner, accompanied by a statement of his parents or guardians. This detention, however, requires the written consent of the commissioners in lunacy, who have also power to set free such persons, stating their reasons for so doing.

In 1904, a royal commission was appointed to investigate the whole problem of the feeble-minded. The reference required them "to consider the existing methods of dealing with idiots and epileptics, and with imbecile, feeble-minded, or defective persons not certified under the lunacy laws; and in view of the hardship or danger resulting to such persons and the community from insufficient provision for their care, training, and control, to report as to the amendments in the law and other measures which should be adopted in the matter, due regard being had to the expense involved in any such proposals and to the best means of securing economy therein." The original reference was extended in November, 1906, "to inquire into the constitution, jurisdiction, and working of the commission in lunacy and of other lunacy authorities in England and Wales, and into the expediency of amending the same, or adopting some other system of supervising the care of lunatics and mental defectives; and to report as to any amendments in the law which should, in their opinion, be adopted."

At the commencement of the report, which appeared in 1908, are two paragraphs, which describe in such clear and telling lan-

guage the present unsatisfactory state of affairs, that we cannot forbear from quoting them.

"Of the gravity of the present state of things there is no doubt. The mass of facts that we have collected, the statements of our witnesses, and our own personal visits and investigations, compel the conclusion that there are numbers of mentally defective persons whose training is neglected, over whom no sufficient control is exercised, and whose wayward and irresponsible lives are productive of crime and misery, of much injury and mischief to themselves and to others, and of much continuous expenditure wasteful to the community and to individual families.

"We find a local and 'permissive' system of public education which is available here and there for a limited section of mentally defective children, and which, even if it be useful during the years of training, is supplemented by no subsequent supervision and control, and is in consequence often misdirected and unserviceable. We find large numbers of persons who are committed to prisons for repeated offenses which, being the manifestations of a permanent defect of mind, there is no hope of repressing, much less of stopping, by short punitive sentences. We find lunatic asylums crowded with patients who do not require the careful hospital treatment that well-equipped asylums now afford, and who might be treated in many other ways more economically, and as efficiently. We find also at large in the population many mentally defective persons, adults, young persons, and children, who are, some in one way, some in another, incapable of self-control, and who are therefore exposed to constant moral danger themselves, and become the source of lasting injury to the community."*

We have given below, page 47, a summary of the early history of the establishment of schools and institutions in the United States. At the present time only thirteen States have no institution for the feeble-minded. Arkansas, Florida, Georgia, Louisiana, Mississippi, South Carolina, and Tennessee make no mention of the purely mental defective in their laws. New Mexico denies them entrance to the asylum for the insane. Alabama and Nevada permit them under certain conditions to be committed to hospitals for the insane. Nevada permits the county commissioners to make

*Shuttleworth and Potts, op. cit., pp. 26-27.

arrangements for their care in other States, and Delaware provides that the feeble-minded of that State shall be cared for at State expense in the Pennsylvania institutions. Nevada and Texas place the principal duty of caring for the feeble-minded on the county commissioners. This means in Texas that those who cannot care for themselves are in our city and county jails and on the poor farms of the various counties. Others are at home, on the streets, and an uncertain number in the State hospitals for the insane and at the Epileptic Colony.

A bill establishing such an institution was introduced in the House of the Texas Legislature in January, 1913, by Reeves and Webb, House bill No. 376, and by Nugent in the Senate at the same time, known as Senate bill No. 187. This bill (the language is the same in both) provides for an institution and farm colony and for suitable training facilities; it opens the doors of the institution to all feeble-minded of the State as rapidly as provision is made for them by legislative appropriations. The bill was vetoed by the Governor after passing both houses. It is weak in that it fails to provide for the extension of the colony by permitting the authorities to obtain options on a sufficient body of land to meet all demands on such an institution for many years to come. We have four institutions, the insane hospitals and the Epileptic Colony, that are badly handicapped now by this shortsighted policy. The Legislature, however, did their duty with regard to the initial steps in the problem that lies before them. That the whole duty of the State must wait another Legislature is attaching no blame to the law-making body of Texas. It is earnestly hoped that Texas may not long remain in the list of States enumerated above.

CONCLUSION.

THE BURDEN OF THE FEEBLE-MINDED.

"The following case was recently submitted to a well-known charity organization society for investigation and advice. *The family is not dependent.* The man and his wife have been the parents of thirteen children and the time is approaching for the birth of another child. Five of the children died in infancy, three were sent to the State Institution for Feeble-minded (where

one of them died) and five are at home. The father is industrious, earns good wages and is good to his family, but the mother, while of good parentage, is feeble-minded and wholly inefficient. The home of this family is indescribably dirty, and the children are uncontrolled except when the father is at home. One of the five children now with their parents is a feeble-minded girl fifteen years old. She runs loose in the neighborhood. Another girl is in school, but learns slowly; still another is thought to be feeble-minded. Of the two sons, the older, who has a bad disposition, is regularly employed for wages. The younger is a helpless idiot and epileptic."*

The feeble-minded are increasing faster than the general population. The principal causes of this defect are now well known. Approximately 80 per cent of cases are traceable to defects in the family strain of one or both parents.† Our social values, religious ideals, political theories, and economic problems alike involve a careful and serious consideration of this evil. A clean-limbed, pure-minded, sane thinking people is an ideal alone commensurate withe the ideals of this State and this nation. What shall we do to attain; to eliminate this great and ever-increasing source of ignorance, poverty, and crime? "One of the most shocking and easily cured evils is the increase of the feeble-minded, the begetters of numerous degenerate children. The remedy is their segregation by the State, especially of the females."‡ The answer comes with no uncertain ring. We must stop by preventive means; there are no curative agencies.

The general problem of racial betterment is broader than the one we have set ourselves here. The program is far-reaching and looks not only to the reduction of unfit social strains, but also to the increase of those proved and socially valued traits of character in man. This problem of racial betterment is called in modern phrase, eugenics. Our purpose in this discussion has been limited. We have, therefore, discussed the single phase of the general problem,—the elimination of the defective strains. Many answers and

*Amos W. Butler, President's Address before National Conference of Charities and Corrections, Minneapolis, 1907.

†White and Jelliffe, Nervous and Mental Diseases, v. 1, p. 150.

‡Glenn, John M., Director Russell Sage Foundation: "The Church and Social Work." N. Conf. C. & C., Seattle, 1910.

solutions have been offered, among them segregation has appealed to society's feelings of humanity and fair play with greatest force. Restrictive marriage laws and customs are important, and educative, but fail to reach the irresponsible and degenerate till too late. The "socially inadequate" are so named just because they are without the influence of law and order. Eugenic education, better environment, and systems of matings purporting to remove defective traits do not affect the impure blood and inheritable factors with the surety necessary to eliminate defects. Laissez-faire or natural selection, euthanasia, neo-malthusianism, and polygamy are either impossible under the protective forces of modern social conditions or are ideas repugnant to present-day ideals of religion and humanity. Of all the solutions suggested, the two most advocated are sterilization and segregation. Both of these ideas were embodied in bills submitted to the last Legislature in Texas.*

In 1911, the eugenics section of the American Breeders' Association unanimously adopted the following resolution:

"Resolved, That the chair appoint a committee commissioned to study and report on the best practical means for cutting off the defective germ-plasm in the American population."†

The evidence so far collected points toward *segregation* as the most feasible, most easily put into force, and least subversive of constitutional prerogative. However, the committee referred to published a model sterilization bill, together with legal argument and detailed annotations.‡ The committee believes "that the time allotted, namely, two generations, is ample for cutting off the inheritance lines of the major portion of the most worthless one-tenth of our present population, *if* the recommended program be consistently folowed."** The principles of such a law are conceived to be based on eugenical motives alone, and the inmates of all eleemosynary institutions are liable to examination. Each institution head, when an inmate of his institution comes up under

*House bill No. 376, Senate Bill No. 187, and Senate Bill No. 188.

†Bulletins 10A and 10B of the Eugenics Record Office. Cold Springs Harbor, Long Island, New York, dated February, 1914, comprise the first published reports of the committee's work.

‡Bulletin 10B, p. 116 following.

**Op. cit., p. 150.

the law for dismissal, must furnish the data required to a eugenics commission composed of experts in biology, pathology, and psychology. All members of these institutions must be examined before being released, and all sterilization operations are ordered by due process of law only.*

Segregation.—The trend of the illustrative data and the discussion as we have endeavored to outline it here, are overwhelming proof of the necessity for custodial care and oversight for all feeble-minded. And an enlightened and far-sighted policy of institution care toward tramp, pauper, and inebriate will do away with our antiquated and inadequate system of workhouses, almshouses, or poor farms, and jails,—the uneconomical, pitiful failures of unscientific, local charity, and criminal law. Deep and abiding charity gives to each the help he needs. It permits all to live under those circumstances best suited to make each useful and happy. There is no voice in Texas raised in opposition to this law. There are yet too few persistently raised in favor. A united effort now will save the future citizens of Texas millions of dollars in money and the burden of past sinning generations will not be visited on the third and fourth generations.

The immediate policy of Texas should embody ideas gleaned from the best and widest experience available. We cannot justify ignorant and unsatisfactory legislation with the modern means of communication and the many sources of information readily available. *Texas should proceed by establishing legally some central agency to discover the facts and conditions existing in the State.* This central agency must be a permanent body, lasting so long as the defective, the indigent, and the social weakling exist. Its prime functions must be study, inspection, and the spread of scientific and thoroughly proved information. The first recommendation made by the Royal Commission in England after a four-year study of these problems, says: "There (should) be one central authority for the general protection and supervision of mentally defective persons and for the regulation of the provision made for their accommodation and maintenance, care, treatment, education, training, and control."† New York followed sane and

*Op. cit., p. 116.

†Op. cit., v. 8, p. 323.

rational methods in the establishment of the Letchworth Colony. The reports of the commission appointed to select a site are models of the extreme care and careful study needed to use the State's resources most economically and efficiently.* Texas must build institutions for the training and custodial care of her feeble-minded youth soon. She can do no better than follow closely the investigations mentioned as models to be improved on rather than ignored.

THE INSANE.

IMPORTANCE OF GENERAL INFORMATION ABOUT THE NATURE OF INSANITY.

We may easily understand, if the mind is subject to the numerous defects and mal-co-ordinations discussed above under feeble-mindedness and idiocy, that it may also vary widely from the healthy, normal mind at any stage in its growth and development. Such disorders of mind are called mental diseases, since up to the time of their appearance the individual exhibited all the characteristics of the average human being. In feeble-mindedness some phase of mental activity varied *always* in this or that person so classified, but mental disease means precisely the same change in the healthy appearing individual that occurs when the organs of the body function badly, as in attacks of heart disease, diabetes, or when infectious maladies attack the bodily structure and functions, as in fevers, etc. The person is sick. Often he is little worse off than he would be in a severe attack of la grippe, and recovers under treatment of the proper kind as quickly. In other cases the disease is more serious and frequently, after repeated occurrences, becomes chronic. The deliria of typhoid fever, of alcoholic excesses, etc., indicate that the mind may be affected in the course of diseases whose etiology, course, and treatment are well known. The mystery that surrounds insanity or mental disease consists largely in the greater respect we have for the mind and in our ignorance concerning its phenomena and relation to bodily processes.

Its social importance rests in the fact that mental disease of mild or severe form at once marks the person suffering therefrom

*Report of the Commission to Select a Site for the Eastern New York State Custodial Asylum, Albany, 1908.

as different. He cannot any longer be treated as a fully responsible member of society. In some forms of mental disease the sick man or woman actually becomes dangerous to others of his group. We easily generalize such instances, and insanity becomes too often a synonym for criminality. It cannot be emphasized too strongly that the proper attitude toward mental diseases should differ in no respect from the attitude maintained by intelligent people toward all forms of sickness. That we cannot call in the doctor and see the disease cured under our own eyes does not alter the situation. In reality, it brings out clearly the limitations of medical science, the inadequacy of our hospital facilities and methods of treatment. Many other diseases besides mental diseases bring these limitations as forcibly to mind. In addition to this ignorance of prognosis and treatment we must remember that mental diseases are related to society in much the same way contagious diseases are. The individual suffering from mental disorder is not only sick and incapable of caring for himself, but in many of the acute mental diseases he is also dangerous to his family and to society. So long as we cannot in the present state of medical and social science determine what forms of insanity are of this dangerous type we must watch all cases with the same care that we exercise in isolated appearances of yellow fever, smallpox, or typhoid fever. The morning paper seldom misses an issue in which one or more instances is not described, where the negligence of society, the ignorance of early symptoms of disease have resulted in suffering and crime, too often of the most horrible kinds.

Although differing widely in many instances in treatment and nature from feeble-mindedness, we may properly discuss insanities here. Their wide prevalence and social dangers make them problems of State polity. Their occurrence during adult citizenship necessitates State interference and control. Their causes, as heredity, alcoholism, social disease, social madadjustment, etc., bring mental disorders into vital relation to social health and progress. Finally, the transition from mental disorder and nervous disease to feeble-mindedness and mental defect is, under neglect and improper treatment, often but a few short generations away.

NATURE OF INSANITY.

Definition.—From the above we may see that any attempt at accurate and definite statement regarding mental disease must fail. To summarize the problems involved we may, however, quote Dr. White's definition: "Insanity is a disorder of the mind due to disease of the brain manifesting itself by a more or less prolonged departure from the individual's usual manner of thinking, feeling, and acting, and resulting in a lessened capacity for adaptation to the environment."*

Peterson gives a much shorter definition covering the essential point in the above: "Insanity is a manifestation in language or conduct of disease or defect of the brain."† When legal consideration becomes necessary, definitions are usually developed bearing on the specific legal problem presented, for example, "in a lunacy inquisition the subject of the inquiry is insane if he is incapable of managing himself and his affairs."‡ Many other definitions have been given in the attempt to mark out the field of mental disease, or for social or legal purposes. These will suffice to indicate the direction taken in this study and show certain boundaries of mental disease forms.

GENERAL SYMPTOMS.

All mental processes may exhibit the deteriorating influences of brain disease. Roughly speaking, these may be grouped as disorders of sensory experiences, of emotions, of ideas, and of actions. Disorders in sensory fields of more striking character are hallucinations and illusions. Hallucinations are so infrequent in normal mental conditions that they may practically always be regarded as symptomatic of transitory or serious mental disease.** The patient hears voices; sees persons and objects; smells noxious gases, smoke; experiences bitter tastes; extraordinary movements of, and pains in internal organs; active and passive movements of the body. They feel as if they were floating in the air, or as if they had just spoken, etc. Variations in the feelings of health are

*White, W. A., Outlines of Psychiatry, 1909, p. 14 f.

†Church and Peterson, Nervous and Mental Diseases, 1909, p. 654.

‡Op. cit., p. 654.

**Tanzi, Text-Book on Mental Diseases, ch. IV.

frequent, as are also extremes in the intensity of sensations. Unusual sensitivity to pain, unusual blunting of touch, and loss of form sensitivity or total loss of power to feel pain often occur. The images that float through the mind may fall off till the patient seems to wait hours before a new image appears or they may come with bewildering rapidity, and in certain cases, absolutely all memory pictures for definite periods of time may be lost.

Another striking change in personality occurs in the emotional life. Periods of deep melancholy and depression are often succeeded by periods of acute excitement. Apathy to the extent of withdrawal from all active interests appears or the patient may exhibit extreme irritability being easily and through no adequate cause thrown into fits of anger and rage. One patient, a paretic, described his case to me with considerable evidence of suffering and anxiety over his condition. He said he could not read the papers with any interest; he heard of his brother's death without regret, and could arouse no feelings of pleasure or pain in the life about him. Yet when pleased he often laughed momentarily or gave evidence of impatience by the usual signs. Inquiry showed he was aware of the change, but it, so he said, had no real meaning for him. In certain diseases the patient seems to withdraw from all ordinary interests, in others there is a decided euphoria often accompanied by excited and momentary interest in everything.

Losses of memory and incoherence, change in the rate of flow of ideas are all frequent signs of serious disorder. I quote a few lines from a letter handed me by one of the patients in the Austin hospital: "to March A Dew Bill to Editure of 19014, of Sarah, Democrat, Here of S. E. A. of 14 years and Seven months. At Amarillo, texts, Raull, B A C Ces of my Head Word, Boston go. I have my tongue in my mouth to cast out my association with Hoo said, Boston, Massachusetts, United States after me." The losses of memory frequently include the loss of name, occupation, residence, thereby entailing serious consequences for the sufferer and much anxiety on the part of friends and relations. Delusions and imperative ideas may occur. The judgment is weakened and ideas of grandeur or debasement gain control. One patient describes herself as a queen, as ready for heaven with her wings

nicely growing, till "those persons (attendants) held me and cut them off." Others have committed the unpardonable sin; others are being drained of their life blood; some have untold wealth, while others explain their condition and cheap, untidy clothes by referring the listener to places where their magnificent clothing and piles of jewelry are kept locked away from them by their oppressors.

The actions and physical appearance of the patient correspond to the mental state roughly outlined. Exaggerated stillness and movement go with melancholia and acute mania. Hallucinations, voices, and visions are commands to action and the hallucinating insane constitute an uncertain class, for no one knows what new hallucination may suddenly arise. Grandiose delusions produce in the patient the proud and queenly bearing appropriate to them; fears or phobias produce characteristic actions, as stammering, timidity, trembling with loss of motor control over walking, standing erect and the like, when the patient is in the presence of the feared object.

Volumes have been written describing the details of these mental abnormalities. Enough has been said here to indicate the meaning intended in the definition of insanity above quoted. The interested reader is referred to the general texts on mental disease mentioned in the bibliography appended. Description fails to convey the vivid picture and strange emotion aroused in the sane at sight of one whose mind is seriously disordered. It offers no occasion for surprise that we are repelled by the unusual personality presented, that our fore-fathers burned and hanged them as witches and sorcerers, or believed them possessed of devils. Today we search for the "Devil's claw" mark as they did in Revolutionary times; though now this anesthesia is a definite symptom of the sick person in need of treatment, whereas then it marked him a criminal, engaged in the black arts.

SOME SPECIFIC DISEASE PICTURES.

The causes and symptoms of the many diseases connected with mental disorder are as yet imperfectly grouped and separated from each other. It is certain, however, that even with our present-day knowledge we can no longer correctly speak of insanity as a

single disease. How many different diseases with different causes, remote and proximate, running different courses, requiring different treatment, and offering different chances of recovery, rests with time and the energy and learning and opportunity of seriously minded investigators to determine.

As illustrative of the complexity of some of these different forms, I want to describe briefly one or two of the mental diseases that are most clearly defined. One of the more interesting of these mental disease complexes is that known as paranoia. The prime characteristic of this disease is the presence of delusions and hallucinations. Simpler types of this disease are present in the queer and eccentric individuals that we commonly call cranks. They exhibit the essential features of this disease, although in quite an undeveloped form.

It is not my purpose to give here in any scientific detail the clinical outlines of a case. We can only understand the entire situation by long study and actual clinical examination of many cases; for the student of mental diseases such a description would be presumption on my part and for the rest of us who are not conversant with the technical terms that must necessarily be used, futile. A simple statement of the typical delusions must, therefore, suffice.

Paranoia ordinarily has a number of different periods. The preliminuary period or what is technically known as the prodromal period, is the period of subjective analysis, where the patient attempts to examine or analyze his own thoughts in detail, and while so doing, tends to withdraw himself from the companionship of others. There is also a distinct tendency in this period to imagine all kinds of diseases and troubles as peculiarly one's own. This tendency to withdraw and to look at one's own thoughts naturally brings to light a great many of the ordinary sensations and movements of the body that in the healthy growing boy or girl are never noticed. The unnaturalness of sparks and dots before the eyes, of pains in various parts of the body, now noticed for the first time, lead him to believe that he is different from others and suffering perhaps the beginnings of many diseases. A natural consequence of withdrawal from other people is that they also tend to withdraw and let the patient alone more and more. This in-

tensifies the sense of apartness that is growing up in the mind of the patient. He begins to feel that not only are they paying little attention to him, but what attention they do give is mischevious and vengeful, and he finally becomes suspicious of anyone who looks in his direction. The growing changes in him naturally provoke attention to him, and the vicious circle continues. Unusual and unpleasant odors and tastes appear. At first confused voices are heard; later these gradually take on form and become the voice of some person speaking to him, and mold themselves into words with various meanings.

The patient now enters the second stage of the disease. This is technically known as the persecutory period of paranoia. The logical tendency of the mind has finally asserted itself and all these hallucinations of sight and sound and strange odors are gradually arranging themselves in the order of cause and effect. The mind of the patient has gradually come to believe that these are distresses and afflictions that he is suffering because of unknown enemies. Naturally the persecutory element is at first confused and the persons who are causing him all these afflictions are unknown. He uses the words "they," "someone," "the voice," and similar means of expression to indicate this vagueness of localization and of person. As the delusions become more frequent the cause and effect relation also becomes more evident, and he detects in all individuals that attract his attention the persons who are producing these troubles. Usually those things that are known and whose real meaning is unknown are selected first. Masons or Odd Fellows, Catholics or Protestants, anarchists or police, are persecuting him and threatening him with all kinds of punishment. The cause of his afflictions becomes still more definite, and soon the patient feels that he can recognize the voice of the person speaking. He feels that he is certain that persons whom he can name are doing all these things. He also has a clear and elaborate explanation of the reasons for their persecutions. As this conviction becomes more and more definite we find him appealing to the police, to persons in authority, oftentimes to the Governor, or even to the President, to have these persons whom he names, imprisoned and punished. Frequently he attempts to punish them himself.

The third stage of this disease is the expansive period. In this period the person's personality is frequently transformed. The transformation takes place in the direction of the persecutory delusions. The argument runs: "If these people persecute me and attempt to injure or kill me, then they must have some definite reason for it. But persons are not persecuted or injured unless they are of importance or someone has good reason to wish them out of the way. Therefore, I must be of importance since I am persecuted," and so on. For example, one patient would consider himself as of royal descent, and those persons who are persecuting him are concealing the facts from him, and are attempting to destroy him or to take his rightful position and use his wealth. However, these delusions may connect themselves with almost any idea of the same mind. Some may be political; others are connected with affairs of ordinary, daily life. Persons are trying to poison their food or are stealing their candy, sugar, and money.

In *melancholia* we have quite a different picture. This disease lays greatest stress upon the emotions and feeling processes of the mind. The state may vary from ordinary simple dejection, where all of one's thoughts have a painful tone, to a condition of most profound depression, where the patient seems actually paralyzed by the terrible nature of his ideas. The behavior of the different patients naturally varies. Some will become still and quiet under the depressing influence of their grief, while others make many demonstrations, weeping, wailing, and calling out for help. In the apathetic form of melancholia the patients claim that they have no feeling at all. They have left no love for home or family, and they can never hope to be sad or happy again. When hallucinations are present they frequently affect all the senses and are usually horrible in the extreme. A peculiar form that this grief and sorrow may take is that the patients often feel themselves, not as sick, but as wicked. They have committed sins against God and society. They are going to be punished, killed, or put in prison. "Thus, they come to delusions that are somewhat similar to persecutory ideas in that they believe that the officers of the law are after them, etc. This is different, however, from the true persecutory delusions, in which patients have no

self-depreciatory ideas, but believe themselves to be the innocent victims of inimical conspiracies."*

EARLY SIGNS OF NERVOUS WEAKNESS.

It is impossible to describe in detail any number of the mental pictures of the numerous varieties of brain disease. In giving the two simple clinical pictures above we have simply endeavored to illustrate as briefly as possible some of the essential features in certain mental diseases. The person afflicted with mental disease is assumed to have been an active member of society, engaged in business and meeting his domestic and economic responsibilities in the ordinary way. It is the misfortune of some people to fall victim more easily to some mental affection rather than to fever, cancer, or other physical disease. In many instances the causes that produce mental disease are precisely the same as the causes that in another person produce the physical disease. For example, a great many of the functional derangements of the nervous system are complicated by, or originate in, toxic conditions. One of the most important and immediate causes of the rise of mental symptoms is *exhaustion*. These so-called exhaustion psychoses include a series of diseases that are commonly spoken of as deliria, stupor, mania, melancholia, or confusional insanities. We are accustomed to describe this general cause as worry, a simple trouble in the beginning, but when continued long enough in any individual, brings on a more or less serious mental condition.

Besides exhaustion, another of the preliminary indications of an overtaxed nervous system and a symptom fraught with the possibilities of mental disease is *insomnia*. Insomnia is always a manifestation of irritability, and is probably an early symptom or expression of exhaustion. "It indicates that the excessive momentum in the work of the day is carried into the night and that normal relaxation and recuperation do not follow." The patient states that his thoughts are running away with him. This mental unrest becomes a source of anxiety, and very frequently our patient attempts to relieve his insomnia by the use of drugs and various forms of sedatives. The patient is often conscious of strange thoughts and feelings and is frightened at their extraordinary

*Peterson, op. cit., p. 794.

Asylum Care vs. Hospital Treatment.
Treatment of excited patients
Nurses illustrating use of restraint apparatus
(abandoned in all enlightened hospitals)
Patient in continuous bath of tepid water
(often used continuously for days or weeks)

PLATE XIX.

Handbook of the Mental Hygiene Movement and Exhibit, New York, Chart No. 29.

character. He is assailed by strange and unexplained fancies; his bodily sensations are perverted and novel; he reacts in an unusual way to external impressions and mistakes the attitudes and purposes of his friends. The particular signs of mental disease, the special term that we apply, persecution, obsession, phobia, or hysterical attack that the individual case presents, matters little. It is enough to know that our patient is sick just as he may be sick in any other form of disease and is curable in many instances in the same way. He is willing to accept the physician's explanation of the disease in the early stages, and we commonly describe the disease at this point as the "borderland of insanity."

This is the moment when treatment should begin. His friends and relatives should recognize the condition in which he is, and tell him frankly and plainly that treatment is necessary, and believe that he can be cured if treated now. This last statement cannot be emphasized too strongly. We are accustomed to think of the man who is insane or troubled with mental vagaries of any sort as being wholly incurable. In other words, we have thought of all mental disease as chronic. This is decidedly not the case. Our own asylums in Texas give a percentage running above forty of recovered and discharged ones. The New York hospitals find that their percentage is almost the same. Where the diseases are treated in the very first stages a very much larger percentage of cases is recoverable. In pavilion F of the department for mental diseases of the Albany Hospital from 1902 to 1907, 1031 patients were received. Of these 596 returned to their homes recovered or improved; 316 remained stationary, and 86 died. This is recovery in 57 per cent of the cases.

As soon as all physicians and psychologists and more parents and teachers learn to recognize the early danger signals of nervous disorders in children and young people, we may hope for still better results in prevention and cure. Defects of nervous constitution, bad habits of living, uncontrolled impulses, and untrained tendencies are often preliminary signs of coming trouble. Whether they lead to insanity or not in the particular case is not important; it is enough to know that the peculiarities of the mentally diseased are not suddenly manifested.* They may be traced back to earlier defects

*Dr. A. Hoch, Early Manifestations of Mental Diseases, Proceedings of Mental Hygiene Conference, N. Y., 1912.

in self-management, to traits and deformities of action in individual life histories and in the family tree. Prevention is always preferable to treatment and cure. Studies of families and individuals here take the place of investigations into water supply, milk supply, mosquito swamps, and the many other sources of physical disease.

Illustrating the urgent need for better facilities for the treatment of the borderline cases and pointing out a decidedly weak spot in our State medical profession, the following case is of interest. The story is vouched for by a salesman of the M——— Co., Dallas. The first signs of trouble came when this man, an experienced and successful salesman, became forgetful. He would leave his sample cases and have to spend ten and fifteen dollars to find them. This difficulty finally became so bad that the officers of the company suggested he take a year's vacation and rest to see if he could not get well.

Instead of getting better the man steadily became worse. He became suspicious of the bank where he kept his money and drew it all out. This money he carried in a large package of bills in his coat pocket. Sometimes he would stand for an hour or more on the street taking this roll out of one pocket and putting it in another. He would change his letters from one pocket to another also, and during the whole time never attempted to count the money or read the letters. Finally one day he walked into a blacksmith's shop and began to gather up the tools. The smith remonstrated and the man became angry. He told the smith that he (the smith) had stolen all these tools and it was his (the patient's) duty to return them.

In his endeavor to get well this man had as many as five physicians treating him for different diseases at one time. After his money was gone he was at last committed to an asylum. This illustration is not an isolated one in Texas. The ignorance of the medical profession is largely responsible for the long delay in reaching adequate treatment. And our State laws only aggravate the difficulty.

CAUSES OF INSANITY.

The distinction between nervous diseases and insanity, and even the distinction of organic disease and brain disease, fail in many

borderline cases. The influences that modify brain activity and mental process are many and varied. In speaking of causes of insanity we, therefore, must limit our discussion more particularly to those influences that appear most frequently in connection with mental disease or that, *at present* seem most closely allied to habit and conduct, to ways of thinking and feeling. Peterson sums up the chief factors in the causation of insanity in two words—"heredity and strain." Under the first he includes direct inheritance and the many "hereditary equivalents, such as epilepsy, chorea, hysteria, neurasthenia, somnambulism, organic diseases of the central nervous system, criminal tendencies, eccentricities of character, drunkenness, etc., for these equivalents are interchangeable from one generation to another, and are simply evidences of unstability of the nervous system."* Under strain, he brings together two sorts of causes, the physical and the moral. By physical he means the use of alcohol, bodily diseases and disorders, accident and injury, old age, the puerperal state, menopause, etc.; and under moral strains are included grief, domestic trouble, business worry, overwork, religious excitement, love affairs, fright and nervous shocks.†

These three factors, heredity, physical ill-health, and worry, probably produce all insanities as their causes, in about the proportion of 60, 26, and 14 per cent. These percentages are highly variable, both because of insufficient data, and because the influence of a factor is not constant in the production of a particular disease. We quote below a table from the New York State Commission in Lunacy for the year ending September 30, 1911:*

A. Psychoses with a High Percentage of Cases with Family History of Insanity or Nervous Diseases.

Psychosis.	Per Cent.
Dementia praecox	59.2
Involution melancholia	61.6
Alcoholic	54.2
Allied to manic depressive	56.7
Epileptic	60.2

*Op. cit., p. 701.
†Op. cit., p. 724.
‡Eugenics Record Office, Bulletin No. 10A. p. 30.

Psychosis.	Per Cent.
Hysterical, psychasthenic, neurasthenic	61.9
Other constitutional disorders and inferiorities	57.8
Imbecility, and idiocy with insanity	58.5

B. Psychoses with a Low Percentage of Cases with History of Insanity or Nervous Diseases.

Psychosis.	Per Cent.
Senile	41.7
Dementia paralytica	38.4
Infective, exhaustive and auto-toxic	41.7
Allied to infective-exhaustive	33.3
Paranoic conditions	46.1
Depressive hallucinoses	37.5

Rosanoff and Orr made an extended study of 72 families, representing 206 different matings, with a total of 1097 offspring. The fundamental condition from which "mental disorder might originate is defined as the *neuropathic constitution.* It was found that many clinical types might result from matings in which this constitution figured. On the basis of this neuropathic character a study of the material showed that of the total number of offspring, 351 were neuropathic, while the calculation on the basis of the Mendelian proportions indicated a theoretical expectation of 359. Of the total number of offspring the actual number that were normal was 586, while the theoretical expectation was 578. This will be seen to be a remarkably close approximation as between the actual findings and the theoretical expectations."*

The technical aspects of heredity laws need not concern us here. Peterson summarizes from Mercier the principal operations of inheritance from which we may quote a few illustrative laws. The child tends to inherit every attribute of both parents; contradictive attributes cannot be inherited from both parents; it may inherit the attributes of either parent solely; some attributes are prepotent, overruling others; some are cumulative; others may be latent in one generation, etc.†

*White and Jelliffe, op. cit., v. 1, p. 43.

†Op. cit., pp. 701-2. Cf. W. & J., op. cit., v. 1, pp. 44-46, for a more detailed statement.

Again the limits of space must constrain us from discussing the effects of drugs, auto-intoxication, syphilis, sexual perversions, and the moral factors mentioned above. The paretic with his syphilitic history is found in every community. In 1911 there were 590 deaths from general paresis in New York State alone. In the same year there were 134 deaths from smallpox in the entire United States. Yet we welcome the cause of the first in our ignorant sex ideals and shun the appearance of the other. More deaths occur in that State from paresis each year "than from dysentery, malaria, smallpox, tetanus, and rabies all combined." Syphilis has been shown to be the cause of many cases of feeble-mindedness, nervousness, infantile paralysis, certain forms of epilepsy, arterio-sclerosis and many other forms of disease and deformity. Here is a dangerous, contagious, and infectious disease with no agency fighting it as exists to lessen other communicable diseases like smallpox, diphtheria, scarlet fever, or tuberculosis.

Alcohol is the direct cause of at least five distinct mental disorders, delirium tremens, alcoholic epilepsy, alcoholic dementia, acute alcoholic hallucinosis, and polyneuritic psychosis. It is undoubtedly the exciting cause in a number of others. Ten per cent of the 5700 admissions to the New York State hospitals during the year ending September, 1911, were suffering from alcoholic insanity in one form or another.* The relation of alcohol to epilepsy, feeble-mindedness, and all forms of neuropathic disorders is always one of dangerous etiology. The tale of woe and misery is not told when poverty, crime, drunkenness, and broken homes are added together. The next generations must also suffer through early death, mental and physical defects, and manifold nervous disorders.

The problem of alcoholism, like heredity, is social as well as medical. Medical treatment when the diseases are at their height is necessary; it involves careful case histories and demands individual study. Custodial care is essential in many cases and permanent confinement indicated in all pathological drunkenness. The social problems are numerous and constitute serious phases of public health and safety. The limits of space alone prevent

*Ellwood, E. S., Alcohol and Insanity. Report of Mental Hygiene Congress, N. Y., 1912, p. 86.

our further consideration of these dangerous elements of social heredity.*

Under the third division, worry, is usually classed the various neurasthenic and psychasthenic manifestations whose principal origin is in mental shocks and morbid fancies that lead to drug addiction; the typical forms of hysteria; and the psycho-neuroses generally. Increasing responsibility and the strains of the social environment in modern high pressure civilization lay heavy burdens on the nervous system of man and the minor defects that pass unnoticed in the less strenuous social surroundings appear here in numerous slight or serious disorders of the psychic life. The sick headache, the overpowering anxiety, the fixed idea, the various fears that burden the unhappy mind are but a few of the forms that define the mind's unhealthy condition.

For further discussion we must refer the reader to the texts on mental disease enumerated in the bibliography at the close of this article.

PREVALENCE OF INSANITY.

Not all of the types mentioned above find their way into public or even private hospitals for mental disease. Our data must, therefore, be based largely upon the number of cases that come to the hospitals for treatment and care. In the United States in 1910, there were 187,454 people in hospitals for the insane. On the basis of statistics in other countries and those available in the United States, there must be at least 250,000 people in this country who are insane. In 1904, it was estimated that the cost of caring for the insane and feeble-minded amounted to sixty million dollars a year, and the additional loss in industrial activity was at least twenty millions more.

In Texas in 1910, there were 4053 people in these hospitals for the insane, or one person in 961 of the total population was shut up in an insane hospital. In 1914, this year, the estimates, including those in private sanitaria and in county jails and poor farms, reach a total of over 5500. These are the known insane in Texas—how many others are in need of treatment and care no one can safely estimate. The most conservative estimates place

*Cf. Mitchell, H. W., in W. & J., op. cit., v. 1, article on Alcoholism and the Alcoholic Psychoses.

the ratio of insane to the total population at one in every 500. Dr. Thomas W. Salmon, of the National Committee for Mental Hygiene, estimates "that, after having made allowance for all factors (age periods, proportion of foreign-born population, etc.), many of which are not easily determinable, the number of the insane in institutions in Texas would be very unlikely to exceed 60 per cent of the entire number for whom provision should be made."* This would give Texas a total insane population of about 9166 based on the data above. In countries where these ratios are carefully worked out "the ratio of the number under treatment to the population is about 495 per 100,000 in cities and 247 per 100,000 in rural communities."† This ratio would give Texas a total of 12,162 in the State in 1910.

Lewellys F. Barker of Johns Hopkins, in an article entitled "Unsoundness of Mind, a National Handicap," says:

"Unsoundness of mind in its various forms is alarmingly prevalent in this and in all civilized countries. It is veritably a heavy burden borne by every nation. Its occurrence can be and should be diminished. There are difficulties in the way, but they must be overcome. For the present we can do most by stimulating investigation and by educating the public regarding well established facts. Surely the work is wide and noble in its purpose. It is worthy, surely, of the devotion and enthusiasm of our most patriotic citizens. In such a work they can find ample opportunity for the exercise of their highest faculties."‡

STATE POLICY RESPECTING THE INSANE.

The care and protection of the insane is perhaps developed more than the care of any other of the unfortunate classes. State and government have found it necessary to place these persons in custody from early times. The care that has been given the insane has not always been of the best; it has too long been thought sufficient to put them out of reach of society or merely to protect society from them if dangerous.

Throughout history, however, many of the insane have gone

*Letter to R. J. Newton, Public Health Association, Austin, Texas.

†Op. cit.

‡Report of Mental Hygiene Congress, p. 11.

without that protection that is their due or have been menaces to the rest of society. In many instances we are still far less careful of our dangerous insane than we are of other and better known forms of disease. Daily reports of the ravages of this class upon unsuspecting citizens are common. The list of men prominent in public affairs killed and injured by these mentally disordered is a long one. "Gyp the Blood" of recent notoriety was declared by the court the first time he was arrested for burglary, to be "morally irresponsible." A defective shot Roosevelt, another killed McKinley, another Mayor Gaynor, and the list still grows.

The laissez faire policy of the public toward the harmless insane and the mental defective produces the great majority of crimes against persons, arsons, thefts, and the large body of "cranks" and members of freak societies that abound in our urban centers. It will doubtless always be the work of our social agencies to discover these socially unfit and inform the proper authorities of their presence in the community. Such work will, however, be largely futile and wasted if the State does not supply the proper means for their custodial care and, in the case of the insane, provide for their proper treatment as soon as discovered.

The first function of the State in connection with the insane when it took authority over them at all was custodial. They were treated in all respects as criminals and incarcerated in prisons and fastened with chains, or tortured to reveal the source of their supernatural power. While this function must still be exercised by the State, we no longer do so because of any ideas that we are thereby punishing them for wrongdoing. In 1792, Pinel first induced the authorities to remove the chains from the insane in the large hospitals of Paris. From this time the treatment of the mentally diseased has slowly improved and medical and psychological science is now showing that these diseases are the ordinary "devils" of ill-health and bad habits.

Because of the nature of many mental diseases the person suffering from them is dangerous to society. He is obsessed with the idea that he must kill someone; he is sure that some high authority has told him to destroy his own life; persons are persecuting him and the only way to save himself is to kill them or they will kill him; or he must save his country from some wicked

tyrant. The killing of entire families by one of its members, the horrible butchery of some innocent child or woman, the burning of the home, the disappearance of some member of the family, the theft stories often told in the newspapers, are terrible, each a crime that concerns the welfare of the State and the safety of its citizens.

As a result of this condition, in earlier times all the insane were treated as though this was their character and sent to prison. Even in modern times this feeling of terror in the presence of an insane person has not fully abated. We find the average person shrinking from their presence and dreading the mentally diseased with a dread that is not wholly that of one in the presence of the strange and unusual. In California, at one of the asylums, a woman was brought in wrapped up in a bed tick that was bound tightly about with over one hundred feet of rope. When released the little woman arose to go with the attendant, trembling with fear from the rough usage she had endured. It is not an uncommon sight to see two or three men come as attendants with a patient who is himself shrinking and trembling with fear or shame. It is, however, only after study and long observation that the expert can detect the dangerous insane in some cases. These are, moreover, but a small portion of those who are mentally sick and in need of treatment. All patients are under all conditions when properly treated taken to hospitals for the insane and there given proper medical care until their status is determined. In some States the criminal insane, those who after the commission of a crime and trial are declared insane, are sent to special hospitals. New York has two such hospitals. This classification may or may not be possible in smaller States. It is, however, wise to have special wards, so that the classification of the patients may be made more or less complete and each type of disease receive its proper treatment. The criminal or suicide may thus properly be kept in wards apart from the other patients. This custodial duty with reference to the insane clearly belongs to the State.

The insane are not only in need of the custodial care of the State, but authority of one sort or another must protect the property rights of the individual and the very individual himself. We have publicly assumed the hospital care of the homeless sick. The police station is but a short step on the way to the hospital for

PLATE XX.

Handbook of the Mental Hygiene Movement and Exhibit, New York, Chart No. 28.

many an unfortunate, and soon it should become the same short step for the insane. The city ambulance some day will carry the insane directly to the mental hospital in all our larger cities instead of to the police station and then to jail. It is done today in Boston and New York. His property cannot be touched, or his person harmed, nor can any change be made in his status as a citizen while he is under this hospital care. When he is found to be permanently disabled or the time or the course of the disease is unknown, the simple methods of procedure already prepared by law are sufficient. There have been but few exceptions to the belief that the State should take this custodial and protective attitude toward the insane. Their danger to society, the expensive nature of the care that must be provided, the necessity for safeguarding the personal and property rights of the individual, the lasting nature of their disease in many instances, all combine to make family care impossible except in special instances and in most communities operate to make local care unsuitable and highly expensive.

The neuropathic constitution and its attendant mental disorders are primarily due to inheritance. This consideration makes it highly desirable that authorities sufficiently powerful to enforce their mandates exercise control over the manifest signs of such defective strains. This problem, the problem of prevention, has not been attacked with any widespread vigor yet. Continuous custodial care, proper marriage regulation for the insane, and the various means of prevention are still playthings for the ignorant and jokes to the credulous. Only as the State seriously undertakes to free its citizenship of the defective strains by proper means can we hope to educate the whole population concerning the laws of inheritance and develop a vigorous aversion to the defective strains in people. Till that point is reached the State must exercise constraint over these various disorders in the same way that we recognize its necessity for the feeble-minded and criminal.

The third problem in connection with the insane that the State is undertaking to supply an answer for is the proper medical treatment of these disorders when it is needed and as long as it is needed. The correct methods of treatment for mental disorders are perhaps the most expensive that medicine affords when carried

out properly. This is not because of the need for the expert in mental diseases alone; the whole man is diseased in mental disease, and all forms of medication, of social study and moral support must come to the aid of the physician in the effort to readjust the patient to his environment. This special treatment demands the best type of hospital with the most modern appliances and skill in all branches of medicine. Mental diseases are the latest to come under the careful eye of the scientist, and at the present time the hospital thus furnished and maintained by the State will also afford the very best agency in the further study of the many problems connected with mental disorder. Such hospitals also afford the finest aids to medical instruction in their clinical wards.

The haphazard policy of the State is sustained by the theory that those who are weakest and most unfit for life will be eliminated by processes of natural selection and the survival of the fittest. Statistics show that this is not true in civilized communities. Charity and humanitarian interests work in opposition to these primitive laws. The forces of civilization as well as its vices tend to increase the number of unfit that are born into society, and are aided in maintaining a precarious foothold on the lower edge of humanity. We have by no means reached the end of such a policy. Changing ideas with reference to the place of mental disease as well as that of other diseases are appearing slowly, ideas of the laws of heredity and their operation are becoming more and more prevalent. More and more are marriages and failures to marry based on the knowledge of physical and mental defects in the family strains. This slow progression is evidently not keeping pace with the forces operating in the opposite direction. Certainly the older communities and the European countries show a larger population of feeble-minded and insane than this country, and Texas undoubtedly has a smaller percentage of both classes than States like New York and Massachusetts.

Placing the insane in jails and on poor farms and in our prisons is primarily for the safety of the State, and, secondarily, a simple and expeditious means of getting these suffering and diseased people out of sight. It also operates, unintentionally, however, in the prevention of a still larger increase of these socially unfit.

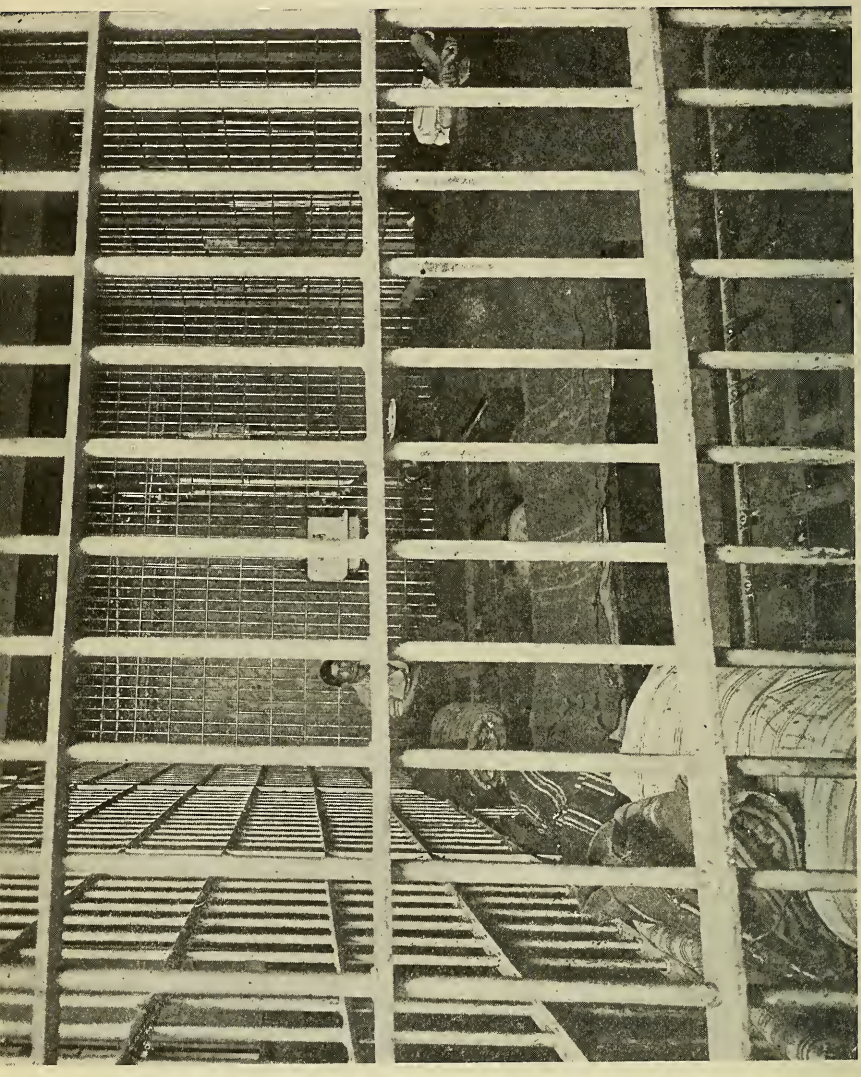


PLATE XXI.

Mental Ward in Bexar county jail. Flashlight photography by Archer's San Antonio.

The right to be well born is a consideration that works in the case of parents almost in inverse proportion to the need for the operation of such an ideal. The weakling and mentally enfeebled responds to impulse and the animal instincts without reflection. Nor has the State as yet any principle of prevention in operation beyond these accidental effects of the necessity for custodial care and imprisonment. It is highly essential that our legislators and State and national authorities realize that prevention is the only means that will offer a satisfactory solution to this problem.

Finally the State must realize more fully that upon it devolves the duty of caring for and curing where possible all those whose diseases and defective conditions are due to the ignorance, evil, and unfitness of its members. It can no longer merely punish the individual and leave the condition that produced that individual go unremedied. Whether it be through poor educational systems, through neglect of the laws of health and sanitation, through disregard of the biological laws of inheritance, or through the failure to provide against unnatural conditions of labor, the citizens of the State are jointly and severally and through their properly constituted authorities responsible for the sort of life that comes into the world and its protection and development during its progress through the world.

CONDITIONS IN TEXAS.

Generalizations are not always convincing or even interesting. Texas has three asylums or hospitals for the insane. One of these, the oldest, is located at Austin and is still called the State Lunatic Asylum,—a reminder of ancient days. The other two are located at Terrell and San Antonio. The institution at Austin was established in 1857, in 1860 it contained only sixty patients. In 1913 it had a capacity of 1600 patients and was filled to capacity. In 1885, the North Texas Hospital for the Insane was opened at Terrell. In 1912, it accommodated 2225 patients. In 1892, the Southwestern Asylum for the Insane was opened; it now provides for 1140 patients. The total property valuation of these three institutions is $2,000,000. At Abilene there is a colony for epileptics with 474 patients and a property valuation of $350,000.

In these four institutions, in 1912, there were confined 5439 persons.*

The amount of money spent annually is over $700,000. This amount is actual running expenses and does not take account of the necessary additions to the buildings and grounds. What does the State get for this sum of money? First, it gets insufficient care and incomplete treatment for those it has undertaken to put into these institutions. Second, because of the crowded conditions, large numbers that its courts have already said should be in these institutions are kept out. And, third, its short-sighted policy concerning prevention and regulation is allowing the cost of these institutions to increase rapidly from year to year.

The conditions above described leave the State in ignorance concerning the unhealthy conditions that are producing the increase in the insane and epileptic. Doubtless the superintendents of these institutions are learning many valuable things about these various danger spots in our State, but we crowd them with work and numerous minor duties till they have no time to record their impressions and data. We allow them no officers to collect such information and publish it. The mine of information that lies in the histories of the cases that have passed through the hospitals would, if arranged and studied, give us valuable information about what we may expect to happen in the future as the State increases in density of population. The insufficient number of physicians prevent complete study of cases and detailed classification as well as adequate treatment of those in the institutions. The psychologist is not yet even recognized as essential to the staff of our asylums in Texas.

We have provided out of the funds of the State of Texas the institutions above described to keep the mentally sick away from the public and in a place where he will have some chance of getting well, or where he can live his life in comparative health and comfort and be treated for his disease. We have seen that this is not adequately done by the State of Texas. We have not even supplied places for all that ask us for help. There are at present 471 insane persons in the county jails and on the poor farms of the State, or at home adjudged insane waiting for a place to be

*Twenty-first Annual Report of the Southwestern Insane Asylum for the year ending August 31, 1912, pp. 8-9.

given them in our State institutions. What is their condition while waiting? One man in West Texas was forced to build a separate house for his insane wife and kept her on the place.

The writer has actually visited practically all the counties mentioned in the following pages. He found the county officials everywhere willing to assist him in the investigation and universally expressing the feeling that such conditions ought not exist. As far as the insane in the jails are concerned, they express themselves as powerless to act. They are not able to get them to the asylums and must keep them somewhere. The situation of the idiots and the feeble-minded is also beyond their control. All feel vaguely that where these persons are kept is not the right place for them, but they have little knowledge concerning the solution of the problem. Where an official is aware of the need for training these unfortunates he declares that he has not the time, and plainly has not the ability to do this. The results of this inadequate State policy and of the neglect of county officials to do what is in their power to better the local buildings and sanitary conditions, cannot be said in words alone. Texas need not pride herself on being the greatest State in the Union so long as she harbors in every county in the State such conditions as are barely touched in the descriptions given below.

Bell County.—In this jail there were three insane at the time it was visited. One was allowed the freedom of the streets during the daytime and one was soon to be sent home till a place could be found at the State asylum. The third, a negro woman, had been in the jail for a year. She was kept in the basement and refused to wear any clothing or even to keep a blanket in the cell. When seen she was lying on her back on the cement pavement in semi-darkness. Upstairs with the other prisoners was a young man of possibly twenty-five, who was probably feeble-minded as well as insane. He is very docile and capable of doing a great deal of work under proper direction, but addicted to such practices that if left in this condition will soon become an imbecile and physical wreck. His place is on a farm where he will have regular and continuous exercise and intelligent supervision the remainder of his life. His brother had been in the Austin asylum and the father and three other children are reported feeble-minded

and totally lacking in self-control. The mother has been hysterical and insane at various times but has never been committed.

At the poor farm were three distinctly insane persons. One old woman made life a burden for all the others by her desire to steal everything she could find and hide it in her trunk. Just before

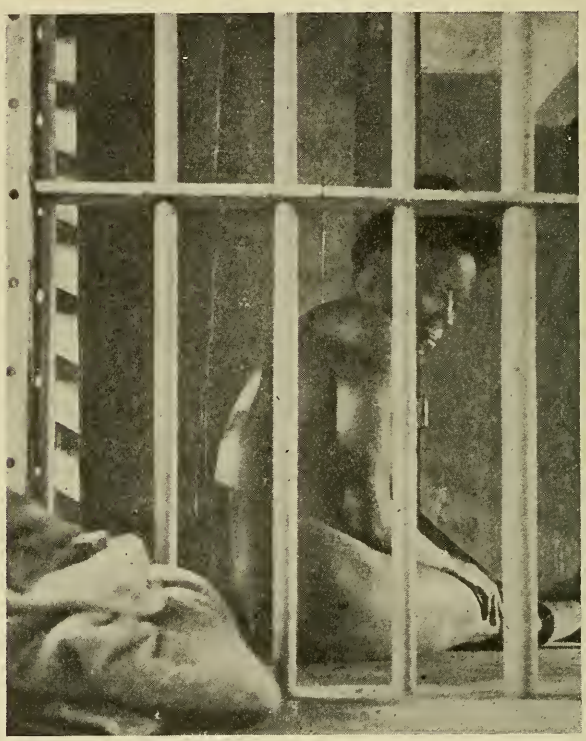


PLATE XXII.

The basement room in which this insane negro woman has lived for over a year was so dark that it required 80 seconds to get this picture. She is a maniac; refuses to wear her clothing or to keep bedding in the cell. Proper care and treatment would change all this.

my arrival a man had barely failed in an apparent attempt at suicide by cutting his wrist with a razor. A third has frequent epileptic fits. The cottages at the poor house are woefully overcrowded.

Bexar County.—This county has an excellent jail building, but

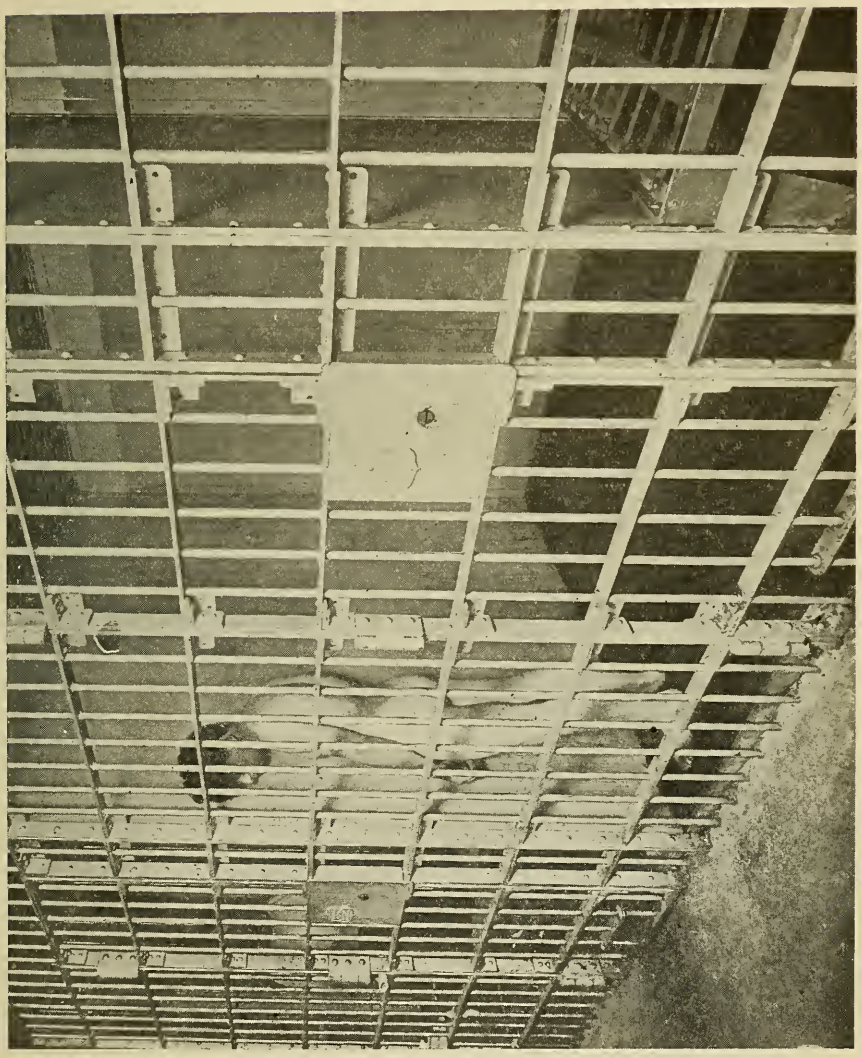


PLATE XXIII.

sanitary conditions are very poor. The floors cannot be flushed and the two wards where the insane are kept are in wretched condition. June 11 there were nine insane in these quarters. One negro woman had been in her cell for considerably over a year. A white woman in the maniacal stage tore her clothing continually, and the man whose picture is shown above is kept in this way to save his clothing, possibly (?). The man seen through the bars at the left of the picture has been in jail for several months, but is now in such a condition of health that his relatives are attempting to remove him. Both he and the negro woman are compelled to listen to the ravings of the man in the foreground day and night.

In the first picture* is shown the regular ward to which all male insane are assigned; as many as fifteen have been kept in this "monkey cage" for weeks. It is approximately 21x24 feet in size and so dark that a flash light was necessary to obtain the above pictures. All cells have cement floors and the three that held the negress and two men mentioned above were partioned off on three sides by solid steel walls. One of these was so dark that the back wall could not be seen and contained absolutely nothing but the naked insane patient—no bedding, chairs, no matting of any sort was to be seen. In this picture the man is listening to "voices."

At the poor farm, under the charge of one untrained woman were found twenty-two women—insane, senile, and idiotic. Not one of them was capable of adequately caring for herself. The wards here are floored with rough boards, showing broken places and impossible of sanitary cleansing. Two idiotic children sat on an upper gallery covered with filth and flies. Two "dope" fiends lay on their beds below in similar or worse condition. In the wards, on the galleries, and out under the trees, killing time by months and years, sat or lay one hundred others from an idiotic boy, who climbed trees only to fall out, breaking the branches of the trees about the yard, to infirm old men and women who could only lie on their beds and moan.† The superintendent reported 120 at the poorhouse the day we visited it.

Fortunately for the reputation of Bexar county, plans are on foot to build a modern building on a large farm south of town,

*See p. 110, plate XXII: p. 111, plate XXIII.

†See plate X, p. 48.

where the inmates will be given greater freedom and be put to work as far as they are able. A change in the situation cannot come too soon. It has not yet been conceded that dirt and filth are necessary adjuncts to poverty and old age; especially is this to be deplored where the people of a rich and populous country are pretending to care for these people. I have tempered the description of these poor farms and jails far too much, I fear, to

PLATE XXIV.
Collin County Insane.

suit the real situation. Anyone who will take a half hour and make the trip to their poorhouse or farm can see that the above is a pleasant picture beside the one that actually greets his eye.

Collin County.—All the insane not sent to the asylums are sent to the county farm. There were four at the farm. One man, R. W., stayed in jail seven months before he was sent out to the farm. One woman, very troublesome, had been at the farm a year.

She has four children, three by her first husband and one by the second. All of the children are below grade mentally; three were at orphans' homes.

Both of the persons photographed on Plate XXIV are at the poor farm. Neither receive treatment or expert care.

Dallas County.—There were fifteen in jail when visited. This is about an average number. Whenever it is at all possible, the county judge humanely releases the insane on bond till they can find a refuge in the State institutions. About an equal number were at this time being cared for this way. The present jail is as bad as the one at San Antonio or at Fort Worth. (Dallas county is, however, building a modern jail that will provide as comfortable quarters for the insane as is possible in a jail.) One poor man insane and sick physically as well, was confined in a narrow solitary cell; his bed consisting of a mattress and a blanket, was on the floor. A miserable condition for a man doubly sick to spend weeks and months in.

The poor farm, except for its antiquated buildings, was kept clean and wholesome. Here the writer found the first hospital building on a poor farm. It contained five beds, all full, and was well equipped for its simple purposes. The idiots found here were of the very lowest grade.*

In the city, as in Fort Worth and elsewhere, reports of numbers of feeble-minded making monthly calls for help came from the Associated Charities. The office stated that they had dealt with 104 cases of feeble-minded within the last year. One woman discharged from the asylum at Terrell had had four children since her discharge. She was not married. All of these children are charity charges. Another family, consisting of a father and six children, was inadequately cared for by a feeble-minded relative. The whole family was decidedly feeble-minded. The mother died insane.

The Virginia K. Johnson Home for erring girls reported through their resident physician that over 30 per cent of the girls that came to them were feeble-minded, and at least 60 per cent more were marked as "stunted."†

*See plate X, p. 48.

†This home is an interesting case of a good impulse poorly carried out. Inadequate support and an incomplete understanding of the correct treat-

The *Dallas News* of February 23, 1914, also tells us how Dallas county takes care of her insane while waiting for the State to take them:

"After having taken steps to make provision for proper care of wards of the county either awaiting trial for insanity or already adjudged insane, the county commissioners court has abandoned the plan and decided to continue, as in the past, leaving such cases in the county jail or in care of friends or relatives who were willing to incur sacrifices, no matter how great, rather than permit their loved ones to be placed in the jail. The condition has been particularly aggravated within the last week by an outbreak of smallpox in the county jail, and several instances have come to light showing the grave possibilities and results of inadequate provisions for such cases, to say nothing of numerous other cases of drug addictions that the county has on its hands.

"At the present time and for the greater part of the time for two or three years, the county has had constantly in the county jail from five to twelve or more men and women, either already adjudged insane or awaiting trial. Within the last year or two years the number of drug addicts in the county has also increased alarmingly and the county at all times has in the jail a large number of such unfortunates, mostly women.

"The continually crowded condition of the three State Insane Asylums has made it practically impossible within recent years to obtain immediate admission to an asylum for any patient just adjudged insane, and that is the primary reason that the county has to take care of so many insanity cases for periods of from three to six or nine months, until they can be admitted to an insane asylum. The question has been raised by physicians and others as to whether this necessity for holding such patients imposes upon the county any duty to provide treatment and a different kind of care for them from what is ordinarily given to inmates of the county jail confined upon criminal charges. The county commissioners, at least by inference, admitted that 'this

ment to be accorded such girls allow these delinquents easily to return to their former lives. No responsibility for their children or for their own support while in the institution and no adequate training for the future leave the girls at the end of the two years much in the same condition it found them. Average age of these girls last year was 17; extreme range 22 and 12.

was a duty when they began plans for the county insane hospital; now, for reasons of economy, they have rescinded the former order.

Dallas News

NO TREATMENT POSSIBLE.

"The county's problem in caring for insanity cases is greatly complicated by the fact that it has had up to the present time no place except the county jail in which to confine them. The old county jail, built more than thirty years ago, contained no separate cells for such cases, and it has not at the present time any provision for giving the patients even a different kind of fare from the ordinary prison fare. Such matters as fare and cells can probably be corrected in the new jail.

"An example of the difficulty that is encountered by county officials in the matter of securing admission to the State Insane Asylum is to be found in the case of a woman who was violently insane and held in an ordinary cell at the county jail several weeks ago. The case attracted widespread attention and finally the grand jury investigated. The foreman of the grand jury, Sam P. Cochran, consulted with a former State Senator, and their combined efforts resulted in a place being made for her at Terrell. She was transferred within two weeks after having been adjudged insane. In cases where no special influence is brought to bear, the amount of time the patient may languish in the county jail without treatment varies greatly.

"The county is spending more than $600,000 upon the new jail and criminal courts building. The jail portion of the building will probably represent two-thirds of that expense and will have a capacity of 250 prisoners. The county is spending on a building for its prisoners charged with crime an average of $1500 per prisoner, yet the county refused to expend upon a building for its insane prisoners, that would have offered opportunities for proper treatment, an average of not to exceed $500 per prisoner, estimated from a standpoint of capacity.

"That conditions in Dallas county are bad is admitted on all sides, and first of all by the county officials. County Judge Corley yesterday said that he had upon his insane docket probably ten or twelve cases already declared insane, yet no places can be found for them in the asylums.

"'What have you done with them?' he was asked.

"'Some of them are in the county jail now, possibly six or eight,' he replied.

"'And where are the others?'

"'Well, I don't mind admitting that I probably violated the law in doing it, but I let their people take them home to take care of them. And I did it from a humanitarian standpoint, because Dallas county has no fit place to care for them. And furthermore, the county probably will not have a fit place with any amount of money we can spend. The new jail will come nearer being a fit place than we could make a hospital on the county farm.'

"The county officials give as one of the reasons for their change of plan with regard to the hospital at the county farm that if they established the hospital the officials of the State Insane Asylum would be more inclined to let patients from other counties into the asylums sooner than they would Dallas county patients, because they would feel that the county was caring for them without State aid. That would mean a great increase of expense for the county, it is declared."

The *News,* commenting on the discussion raised by the above inquiry, writes as follows:

"Mr. L. C. Denton of Sterrett, writing in approval of something we had to say on the treatment of the insane, expresses the hope that we shall 'keep agitating the subject until we can get a Governor who will carry out his campaign promises in regard to making adequate appropriations for our insane asylums.' The actual task is, it seems to us, to make the people of the State as sensible as Mr. Denton evidently is of the enormity of confining lunatics in jail. Governors would not have been recreant in this matter if they had not been encouraged to default by the lethargy of the people. The people of Texas can get pretty much what they want in a political way, even when the thing wanted is not altogether good for them; and when they make up their minds that they no longer want lunatics kept in jails, that barbarous practice will be discontinued with promptitude. The only reason why the people have not already given a peremptory order for the abandonment of this practice is that they themselves do not understand the full consequences of it. They imagine that about the

only consequence of keeping a lunatic in a jail for six or eight months is to deprive him of comforts which he would get at an asylum, and they argue that since a lunatic is little susceptible to comfort or discomfort, the evil is not very great.

"If that were the only consequence the matter would hardly be worth a tenth the bother it has occasioned. We doubt if it makes any difference in the feelings of a lunatic ordinarily whether he is in a jail or an asylum, although it sometimes happens that a demented person has lucid intervals, and then one can readily imagine the horror of finding himself locked in with criminals must be frightful.* The shock and suffering, we should think, must aggravate and confirm his mental malady as well as impair his physical health. The crime we commit by this practice is in lessening and often destroying a lunatic's chance of recovery. In their incipiency at least a good many cases of lunacy are merely functional disorders, which can be made to respond to treatment if treatment of the right kind is given promptly. It is by making prompt treatment difficult and even impossible, in many instances, that we are guilty of a crime which should shame every citizen of Texas. We venture to say there are several hundred lunatics in the asylums now who would not be there if they had not been denied early treatment. The State has, in reality, by its neglect, made their malady permanent. The State would hardly offend worse by killing them than it does by robbing them of their opportunity to recover their sanity. The people of Texas will order an abandonment of this practice when they come to appreciate its consequences, and when they give the order it will be obeyed."

Ellis County.—No insane in jail. A few feeble-minded at the poor farm. At the time of writing there were a number of known cases of insanity in the county awaiting trial or cared for at home. One case of a woman about forty-eight years of age was investigated. The woman had been in a sanitarium for some time and after getting no results unavailing attempts had been made to get her admitted to the asylum at Terrell. Her relatives felt that she

*It not only happens but is true in the majority of cases that are to be found in county jails. Their lucid intervals are often much longer than the periods of unconsciousness and indifference to their surroundings and the horror and fright and uncertainty of their condition is painful in the extreme.

could be better cared for there as the home physicians admitted they did not have the knowledge and facilities to treat her. It is necessary to watch her continually and the patient thus becomes a constant source of danger to the immediate family and the neighborhood through no fault of the home and in spite of their best efforts to place her under proper care.*

Grayson County.—One insane in jail at this time, about ten on the county farm and twelve idiots. The idiots crawled about over the floors or sat in their rooms with only the care that one person could give for a short time each day. Several were confined in yards outside in the daytime so they could not run away. One boy, about seventeen, because he tore his clothes, etc., was kept during the day with his hands strapped behind his back.† He has been at the farm in this condition for a long time. Another who knew his name but could only crawl about over the floor had been at the farm for six years.‡

Conditions both at the jail and farm are very bad. An epileptic boy who told me he had had a bad seizure that morning was confined continually in a barred and cement-floored cell. He managed, he said, to keep from hurting himself very much most of the time by holding the bars when he could. The cells, for a number of these poor farms have miniature jails, were decidedly uncleanly and untidy. The rooms for the paupers and imbeciles in the main building were clean and pleasant.

Harris County.—May 12, 1914, there were thirty-three persons in the Harris county jail adjudged insane or awaiting trial for insanity. These persons had been in jail for periods ranging from a few days up to a year and more. There seems to be no method by which a person once put in the jail on the charge of insanity can get his trial or can be removed to an asylum or hospital except at the pleasure of the routine court procedure. Applications are sent to the asylums, to all three at once, and if one or two approve the application the patient is sent to one of these and usually no

*The writer met with similar conditions in practically every town visited. These conditions exist in homes where no care or watch over the mentally diseased person is possible, as well as in those homes where the best medical attention afforded by the local physicians is possible. In all instances the situation is dangerous to the community.

†See plates II, III, XII, pp. 19, 52.

information concerning the disposal of the patient is forwarded to the other hospital approving the application. This is apparently the usual procedure in all counties. The asylums have no district boundaries and are open to all patients in the various counties of the State.

The thirty-three patients in the Harris county jail were, when visited, in various states of mental derangement from the maniacal stage to plain sanity. One man who had been in a nine by ten cell with four others for seven months remarked "If I don't get out soon and get back to work I'll go crazy." In a second cell there were five men, two of whom were plainly idiots, and two others were probably not insane, but feeble-minded. Two women were locked in dark cells, cells that had no windows and opened only on the corridor. It was absolutely impossible to see anyone in the cell until the eyes became accustomed to the darkness. One of these patients was a young woman about twenty years of age. She was a mute, Mrs. L. B., and had lived all her life in Houston. Her husband was also a mute. He had divorced her recently and married another mute. The matron had taken pity on this girl and attempted to teach her to talk, and with even this cursory effort, the girl had learned a number of words. She seemed to understand all that was said to her, responding volubly in the sign language when spoken to.

The county is remodeling the third floor of the jail for the exclusive use of the insane. At the present time they are scattered throughout the jail, as in the other county jails of the State. The changes will better the condition of these poor people, but they will still be behind bars and on the bare floors of a jail. There is no county hospital in the city, although there are enough patients in this jail alone to fill an entire ward in such a hospital. All of these thirty-three belong in a well-regulated hospital; others may be found in the county. One laboring man in the city is paying $35 a month to a private sanitarium in the city to keep his wife out of jail. He says they have been married thirty years and she has been a good wife all of this time and he is not going to be parted from her now in this manner.

Hays County.—Here the jailer and his wife keep a jail that is ancient in dirt and decrepitude. The only solid thing in the build-

ing is the two-storied steel cell in the back. Four persons occupied this unsavory, dark, forbidding cage on June 12. One was a little Mexican boy who had been shipped up from Mexico but eight days before with a large number of others to work in the cotton fields. This little fellow seems to have become unruly from

PLATE XXV.

By looking closely the paralyzed negro woman may be seen lying in the door of this ram-shackle building. Everything inside is in the same wornout and useless condition as the chair in the foreground.—Hill County Poor Farm.

Laredo on because the railroads had forced him to pay his fare from this point. At the farm (the story is vague and contradictory) he had continued his bad language and was chased by the other Mexicans three or four miles through the country till finally

caught by the sheriff. The county physician said he was not insane, only "mean." His meanness must have been awful, for when I saw him *this frail little chap was behind enormous bars, and for further safety, for two days, besides being in jail, he had been kept handcuffed.* If he ever gets out and back to Mexico he will have a tale to tell that rivals any of the stories that come from Mexico in the recent troubles. If this paper were about county jails and not about the insane and feeble-minded, the jail and courthouse of Hays county would make a theme of dirt and squalor, unrivaled, we hope, elsewhere.

Hill County.—Two insane in jail and six feeble-minded at the county farm. There were also six known cases of insanity in the county awaiting trial or cared for at home. Jail was in good condition. The buildings at the county farm have long since outlived their usefulness. One caretaker described them as "bat cages."

Hunt County.—The *Palmer Rustler* of March 20, 1914, quotes as follows:

"THE SHAME OF TEXAS.

"The shame of Texas is the many insane stowed away in the jails and on the county farms. Nearly every county has its quota. Hunt county has. There is one white man who has been in jail for months and a negro woman for some time. The woman is beyond hope of recovery, but perhaps the man's malady would give way to treatment, but in either case the shame is on a State which makes not enough provision to take care of these unfortunates. It is no discredit to the local authorities, for they have no alternative when they are told that the asylums are full. Texas has too long permitted this condition. The citizenship should feel disgraced and rest not until this foul blot is removed. It is an easy matter to correct it. The rich State can supply the funds. That is what is needed. A little money to build and equip structures for their protection and treatment.—*Greenville Banner.*"

Johnson County.—No insane confined in the jail. Nine have been sent to the asylum in the last few months—there seems to be no special clue indicating the county that will succeed in getting all its insane in the asylums and those that cannot do so. At the poor farm are a number of idiots and persons absolutely helpless.

The average cost of these to the county according to the county judge is $50 per month. Notwithstanding this heavy expense the county cleared over $2000 on its farm of 500 acres last year.

The *Paris Morning News* writes as follows:

THE IGNOMINY OF LAMAR COUNTY.

"With all her boasted wealth of soil, her magnificent citizenship, her pride of progress and her marks of splendid civilization, dear old Lamar must bear forever on her escutcheon the stain of one overwhelming and ignominious disgrace, towit, the unbelievably brutal and inhuman treatment of her prisoners.

"With a spirit austerely impartial, she inflicts upon one and all the same ill-usage. Whether incarcerated for crime or misfortune; whether old and tough or young in years and tender in life; whether in prime of health or reeking with disease; whether guilty or innocent, sane or insane—every prisoner in the hand of "Grand Old Lamar" is consigned to a den of darkness, where filth and infection, stench and stigma, hold high and constant carnival. Only those who are so fortunate as to make immediate bond may escape an imprisonment doubling in despicability that of the galley slave of ancient Rome and redolent of Bunyan's cell in Bedford jail—(except that it had one outlet to fresh air, while Lamar county cells have none).

"Why should we tune our hearts in sympathy to weep with the dirge of the prisoner of Chilon; or lose sleep over the pitiful plight of the mother and sister of Ben Hur? Why should we stir again the embers of anger in memory of what our fathers suffered in the darkness and chill of Federal dungeons?

"What is the use of reviewing the infancy of ancient nations and of reverting to the dark days of the ignoble past in order to heap anathemas upon a system that has ever blazoned the thought of "man's inhumanity to man?"

"In our own midst today, at the very heart of our county's capital, surrounded by every evidence of our civilization, we citizens of Lamar county are perpetuating an institution, the conduct and condition of which should have been a scandal to earlier centuries, and which is today unpardonable.

"Let us study a moment the geography of our jail.

"1. As to location. In the center of our county seat, by vote of our people, we have erected our magnificent granite courthouse, surmounting a hill, like a city that cannot be hid, it is the landmark of all the surrounding country. That courthouse is, properly, our pride; and as our eyes fall fondly on it from afar, it seems the concrete embodiment of equity, justice and right. And yet, right beneath it, and to the north of it, where the shadow of the courthouse must forever cut off every ray of sunlight and the volume of the courthouse must forever rob it of the sweet south breeze; there, condemned by its very location, cowers the Lamar county jail.

"2. Now, as the size of it. Of course the front and larger portion of it, which faces Main Street and which is used by the jailer and his family, is all right. But the prison portion of it, where we incarcerate our male prisoners, is all wrong—absolutely all wrong. It is irretrievably, irredeemably wrong—and it could never be made right.

"The men's word is the size of two large rooms, being about 20x40 feet in dimension. There are three tiers of cells, with their "run-arounds" one above another, placed well back toward the center of the ward and removed from every window so that the prisoners may never get a breath of perfectly fresh air. In the winter season the atmosphere is stifling, and the odor nauseating in the extreme. Into this restricted space "the strong arm of the law" thrusts, without ceremony, as many as a hundred men at a time, as occasion demands, though generally there are not more than forty inmates; and some of these remain in the jail for months, or even years. From three to a dozen men occupy each cell at night. These cells are 6x8 feet and the "beds" are swinging canvas bunks, attached to the gratings at each end of the cells, one above another, and two or three abreast, according as the patronage of the institution may require, thus giving less room to each man than is accorded by our legend to the cerements of the grave, when man goes to his allotted six foot of sod and takes his chamber in his narrow home. The only sort of bedding or covering supplied is the very cheapest and flimsiest sort of cotton blankets.

"There is not a chair, a bench or cushion in the jail, and the only

place a prisoner may sit is upon the concrete floor or on the iron grating of the cell.

"The sanitary arrangements are bad, beyond words to express. There is, of course, absolutely no chance for a bath, howsoever long the prisoner remains. All have access to a hydrant. An old broken commode, with no seat on it, is located out in the open "run-around" where, under the unobstructed gaze of all his fellow unfortunates, he is forced to attend to the necessities of nature, being robbed absolutely of the inalienable right of personal privacy. I affirm that such extremities do violence to the finest instincts and sentiments of human nature.

"The county health officer must treat all the sick, even the unmentionable cases of disease, not in the seclusion of a physician's private office, but publicly before the face of all the prisoners. Privacy is absolutely impossible; as is also segregation. The consumptive, with the hectic flush and the contaminating cough, is shut up in these quarters with those who later on will probably pay with their lives, for our criminal indifference to prison conditions.

"And the moral conditions are worse than the physical. The prisoner with the lingering light of boyhood's grace, in the forced intimacy of such environments, suffers the corruption of the hardened criminal and the moral leper; and, in point of moral outrage such forced infliction should be catalogued with the "Abduction of Helen" or "The Rape of Lucrece."

"In conclusion, such conditions are diabolical, and the knowledge of their existence should stir public sentiment from London to Land's End.

"It is true that we should not treat criminals with the courtesy of honored guests. Nor should there be any thought of palatial quarters or downy beds, "purple and fine linen," or sumptuous fare. But, in the name of Him who sends his rain upon the just and the unjust and maketh His sun to rise on the evil and on the good, in His name I do affirm that every prisoner of Lamar county, whether guilty or innocent, is our ward and our charge, with an inalienable right to fresh air, sunshine, sanitation and personal privacy.

"And, as we 'leave our low-vaulted past,' turn our thoughts to

a more glorious future, and set our faces toward a brighter day, we should show the bold initiative of the man who tore down his old barns to build greater. Our old jail is a disgrace to civilization, a menace to public health and public morals, an infringement on sacred personal rights and a sarcasm on the name of equity and justice.

"Let us arouse ourselves as citizens of the best and most highly favored county in our State; let us circulate petitions calling for an election on the issue to build a new and modern jail, as we did to build a new courthouse, and then let us give our solid vote to blot out Lamar county's ignominy forever.

"And let me add in closing, that this article is not intended and may not be construed, to be any reflection upon any officer of the county. The fault is with the construction and condition of the old jail itself and not with officers who must enforce law.

Respectfully submitted,

W. B. KENDALL,
President Humane Society.

"We, the undersigned, hereby certify that we have read the foregoing article by W. B. Kendall before its publication, and his statements are all true and in accord with the facts and conditions.

W. A. LAIN,
Sheriff.
RUBE S. WELLS,
County Judge.
T. C. GERON,
County Health Officer.
A. W. NEVILLE,
President Paris Progressive Club.
S. W. WILLIAMS,
President Board of Trade.
C. E. DICKEN,
Secretary Paris Board of Trade."

McLennan County.—In the latter part of May, 1914, the writer visited the McLennan county jail. There were two insane persons in the jail at that time, and the stench arising from their quarters was something that cannot be described. One of these was an

insane epileptic, doubtless refused at the asylums because of the epilepsy and at the Epileptic Colony because of the insanity; a situation duplicated by an inmate of the San Antonio jail. This girl wore a single piece of clothing at the time and was unusually

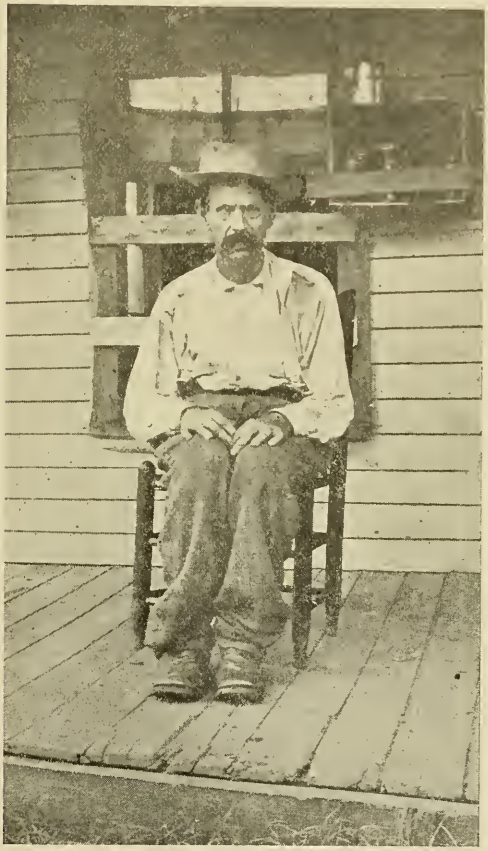


PLATE XXVI.

This man with several others lives in a poorly kept cottage. The main buildings here were well kept. All of these were insane, senile, etc.

dirty. Through the bars from where she was when I saw her was the other patient. He was a Mexican and was completely naked except for a dirty piece of sacking that served as a loin cloth.

The jailer told me that they had tried to get rid of him in various ways. He spent part of his time at the poor farm and part in the jail. The method of getting rid of him was to take him out and turn him loose in the country, but someone always gathered him up and returned him, so that he was still on their hands.

Tarrant County.—Ten insane were confined in the jail June 15. These were scattered about the jail in the worst conditions of filth and lack of care imaginable. One man, J. G., had just been brought in from the poor farm because they could not keep him there. He tore off his clothing and ran about naked unless watched all the time. In the jail he was confined in a single cell and allowed to remain naked. While the writer talked to him several negro women came around and laughed and joked over the poor man's condition. The time of confinement in the jail ranged from a few days to over a year for the ten at present in jail.

At the poor farm were several insane and about nine distinctly imbecile types. These constituted sources of continual trouble under the conditions existing. All of them would be useful at some work or other after training on a farm colony for feeble-minded. Plates I and XXVI.

Travis County.—Three insane in jail; one has been there over a year.

We might go on writing in this manner for pages. The situation is known and in isolated instances the humanity of some one has been touched by the frightful conditions in which these sick people are kept sometimes for years. If we are away from the actual presence of the jail and the poor farm it at once becomes incredible that such conditions can exist in Texas in the twentieth century. The illustrations above are not selected. They have come as accident permitted us to visit a particular locality, and word comes to us from all over the State that we are dealing with a common condition in Texas. I quote below a table giving the number of insane in county jails and on the poor farms of Texas during the months of February, March and April, the period during which the statistics were being reported by the county judges and sheriffs of the State. Only four counties failed to report.

The table shows the number of insane in jail, the number on

the poor farms, the number out "on bond," and the number of feeble-minded in jail and on the poor farm combined. In the last column is given the number of insane admitted to the three asylums for the insane from each county from August 31, 1911, to August 31, 1912.

County.	Insane in Jail.	Insane on Poor Farm.	Insane Out on Bond.	Feeble-minded in Jail and Poor Farm.	Insane, Admitted 1911-1912.
Anderson	1	2	2	.....	8
Andrews	.....	.....	.....	.....	.....
Angelina	.....	.....	3	.....	3
Aransas	.....	.....	.....	.....	2
Archer	.....	.....	.....	.....	.....
Armstrong	.....	.....	.....	.....	1
Atascosa	1	.....	5	.....	1
Austin	4	5	2	.....	2
Bailey	.....	.....	.....	.....	1
Bandera	.....	.....	1	.....	2
Bastrop	.....	.....	2	.....	3
Baylor	.....	.....	.....	.....	1
Bee	1	.....	2	1	1
Bell	3	4	3	6	12
Bexar	17	2	10	8	55
Blanco	.....	.....	.....	.....	5
Borden	.....	.....	.....	.....	1
Bosque	.....	.....	2	.....	8
Bowie	4	.....	3	6	4
Brazoria	.....	.....	.....	.....	6
Brazos	1	1	.....	1	4
Brewster	.....	.....	.....	.....	1
Briscoe	.....	.....	.....	.....	.....
Brooks	.....	.....	.....	.....	.....
Brown	.....	.....	8?	.....	7
Burleson	.....	.....	.....	.....	1
Burnet	.....	.....	.....	.....	6
Caldwell	.....	.....	.....	.....	1
Calhoun	.....	.....	.....	.....	1
Callahan	.....	.....	.....	.....	5
Cameron	2	.....	.....	.....	2
Camp	.....	.....	.....	.....	1
Carson	.....	.....	.....	.....	2
Cass	2	3	2	4	3
Castro	.....	.....	.....	.....	.....
Chambers	.....	.....	.....	.....	.....
Cherokee	1	.....	.....	.....	10
Childress	.....	.....	.....	.....	1
Clay	1	.....	1	.....	1
Cochran	.....	.....	.....	.....	1
Coke	.....	.....	.....	.....	.....
Coleman	1	.....	.....	.....	6
Collin	2	1	.....	.....	10
Collingsworth	1	.....	1	1	.....
Colorado	.....	.....	.....	.....	2
Comal	.....	.....	.....	.....	1
Comanche	.....	.....	2	1	5
Concho	.....	.....	.....	.....	1
Cooke	1	1	.....	.....	6
Coryell	.....	.....	2	2	4
Cottle	1	.....	.....	.....	3
Crane	.....	.....	.....	.....	.....
Crockett	.....	.....	.....	.....	.....
Crosby	.....	.....	.....	.....	.....
Culberson	.....	.....	.....	.....	.....
Dallam	.....	.....	.....	.....	1

County.	Insane in Jail.	Insane on Poor Farm.	Insane Out on Bond.	People confined in Jail and Poor Farm	Insane Admitted 1911-1912
Dallas	16			47	46
Dawson					
Deaf Smith					
Delta				4	6
Denton	1			2	9
De Witt			1	1	7
Dickens			1		1
Dimmit					2
Donley					3
Duval					1
Eastland			1		10
Ector					
Edwards					1
Ellis	9	2	09	47	8
El Paso	6	4	1	4	5
Erath	1		1	3	12
Falls	2	2	3	3	13
Fannin	1	1		12	7
Fayette		1		15	1
Fisher					3
Floyd					3
Foard					
Fort Bend	2		2	1	5
Franklin					3
Freestone			6		5
Frio					1
Gaines					
Galveston	4			2	31
Garza					
Gillespie					2
Glasscock					
Goliad			1		2
Gonzales			1		8
Gray					
Grayson	2	6	few	several	18
Gregg			3		3
Grimes	1	3	2	3	6
Guadalupe			5		5
Hale					1
Hall					1
Hamilton			2	2	4
Hansford					
Hardeman					4
Hardin	2				4
Harris	28	7	3	4	25
Harrison	2	6	3	2	3
Hartley					
Haskell					3
Hays			1		7
Hemphill					
Henderson	1	1	1	10	7
Hidalgo					
Hill	2			6	7
Hockley					
Hood				2	
Hopkins	3	2		8	10
Houston					5
Howard				2	
Hunt	2	3			18
Hutchinson					
Irion			1		
Jack			2		2
Jackson	1				1
Jasper				2	7
Jeff Davis					
Jefferson	2		2	2	7
Jim Wells					

County.	Insane in Jail.	Insane on Poor Farm.	Insane Out on Bond.	Feeble-minded in Jail and Poor Farm.	Insane, Admitted 1911-1912.
Johnson				4	9
Jones	1		1		7
Karnes			1		3
Kaufman		2	2	1	14
Kendall					
Kent			1		
Kerr	1				1
Kimble					
King					1
Kinney					
Knox					2
Lamar	3	4	3		10
Lamb					
Lampasas			2		3
La Salle			22		1
Lavaca		1	2		3
Lee					1
Leon	1				3
Liberty			1		1
Limestone					8
Lipscomb					
Live Oak					2
Llano					
Loving					
Lubbock					
Lynn					
Madison					1
Marion	2		2		3
Martin					1
Mason			1		
Matagorda			3		5
Maverick					1
McCulloch					
McLennan	4		3	2	31
McMullen					2
Medina			3		1
Menard					
Midland					1
Milam	1		4	2	7
Mills					3
Mitchell					4
Montague		1		1	3
Montgomery			1		
Moore					1
Morris					2
Motley					1
Nacogdoches					2
Navarro	1		2	2	4
Newton					1
Nolan					3
Nueces					5
Ochiltree				1	
Oldham					
Orange	1		1		
Palo Pinto					10
Panola	3		5		6
Parker	1		1	4	6
Parmer					
Pecos					
Polk					7
Potter	1			1	3
Presidio					
Rains					1
Randall			2		
Reagan					
Red River					1
Reeves					1

County.	Insane in Jail.	Insane on Poor Farm.	Insane Out on Bond.	Feeble-minded in Jail and Poor Farm.	Insane, Admitted 1911-1912.
Refugio					1
Roberts					
Robertson	1	2	5	2	7
Rockwall			4		4
Runnels			2		2
Rusk			1		6
Sabine					5
San Augustine	1				1
San Jacinto	1		2		1
San Patricio			2		
San Saba					3
Schleicher				1?	
Scurry					5
Shackelford					1
Shelby				1	3
Sherman					
Smith	3		5	1	11
Somervell	1		2	1	2
Starr					
Stephens					3
Sterling			(1)		1
Stonewall					1
Sutton					1
Swisher			2		
Tarrant	10	4	13	1	32
Taylor					7
Terrell	1		2		1
Terry					
Throckmorton					
Titus	2				7
Tom Green					8
Travis	3		2	2	29
Trinity					5
Tyler					2
Upshur			2		4
Upton					
Uvalde					4
Val Verde	1		1		1
Van Zandt				3	5
Victoria	1		2		
Walker					5
Waller	1		2		1
Ward					1
Washington		5	4		5
Webb	1				3
Wharton	1		1		4
Wheeler				2?	
Wichita	3		1	11	8
Wilbarger					
Willacy					
Williamson	1	1	many		23
Wilson			1	4	6
Winkler					
Wise	2		2	7	6
Wood	1				11
Yoakum					
Young					1
Zapata					
Zavala					
Total	182	78	211	206	972

PROPER CARE AND TREATMENT OF THE INSANE.

In Jerusalem, in the fifth century, and earlier in Greece and Rome, there is "some evidence that the insane were treated as individuals suffering from disease. . . . But these ancient beneficent teachings were lost sight of during succeeding centuries. The prevailing idea of the pathology of insanity in Europe during the middle ages was that of demoniacal possession. . . . Medieval therapeutics in insanity adapted itself to the etiology indicated. Torture and the cruelest forms of punishment were employed. The insane were regarded with abhorrence and were frequently cast into chains and dungeons. Milder forms of mental disease were treated by other spiritual means—such as pilgrimages to the shrines of certain saints, who were reputed to have particular skill and success in the exorcism of evil spirits. The shrine of St. Dymphna at Gheel, in Belgium, was one of these, and seems to have originated in the seventh century,—a shrine so famed that lunatics from all over Europe were brought thither for miraculous healing."*

Throughout the middle ages the process of gathering the milder forms of insanity at shrines and monasteries, and throwing the dangerous into prisons in dungeons and chains went on. "Bedlam" (Bethlehem Royal Hospital, England) began their care of the insane as early as 1403. In the seventh century the distinction between idiots and insane and criminals had become fairly clear; but it was not till 1792 that Pinel "struck the chains from the lunatics huddled in the Salpétriére and Bicêtre of Paris and called upon the world to realize the horrible injustice done to this wretched and suffering class of humanity." In 1817, Esquirol "wrote of the insane in France and all Europe: 'These unfortunate people are treated worse than criminals, reduced to a condition worse than that of animals. I have seen them naked, covered with rags, and having only straw to protect them against the cold moisture and the hard stones they lie upon; deprived of air, of water to quench thirst, and all the necessaries of life; given up to mere gaolers and left to their surveillance. I have seen them in their narrow

*Peterson, F., Ency. Brit., 11th ed., v. 14, p. 616.

and filthy cells, without light and air, fastened with chains in these dens in which one would not keep wild beasts. This I have seen in France, and the insane are everywhere in Europe treated in the same way.'"

PLATE XXXII.

Fortunately for us in Texas that Esquirol is not here almost one hundred years later to describe the way we treat the insane in our jails and on our poor farms. There is not a point in his description that I have not seen duplicated in the jails of Texas in the year 1914. I have seen women and men with no clothing but a suit of union underwear or a single slip of loose calico or completely naked in cells where the sun never shines, or running about in corridors that looked through bars to men naked but for a dirty loin cloth; I have seen them crowded into a single cell where they lived day in and day out in close communion with filth and dirty bedding, or lying on the cold stone floors with no bedding at all. I have seen imbeciles wallowing about together over the floors of jails, drooling and unkempt, dressed in clothing as ragged as any of the middle ages could wear; I have seen the insane and feeble-

*Op. cit., p. 617.

minded shut up with criminals and the prey to all the sport of such idle minds, and this in the twentieth century. I have seen the maniac shut up in the dark cell and loose in an empty room raving, impotent to wreak vengeance except by spitting in your face, or biting and kicking. I have seen women in our jails without women attendants, who have forgotten when they took their last bath. All this I have seen in the midst of the fairest cities of Texas, where the finest that the world affords in modern civilization is to be found.

In communities where the advancing thought of the world finds practical application all this is different. The chains, the padded cell, the means of restraint, such as tying the hands and feet, the barred windows, the six-foot, brawny attendant have all passed away. In their place have come the carpeted rooms, the sun parlors, the clean and neat hospital beds with trained women nurses for both men and women patients, the newspapers and magazines and latest books with a recreation supervisor, who organizes games and various amusements, and supplies each with some kind of occupation to utilize the hours till they are well, or understand that it is better to stay in the hospital than to go home or out where others will trouble them.

Hospital organization is tending more or less clearly toward the following division of labor. Near the centers of population are established the receiving hospital. Out from the urban center itself, but near the city, is placed the large farm colony with the buildings arranged as in any small village around certain centers that follow the modern classification of mental diseases as far as possible. These permanent colonies are filled with the patients from the emergency wards, who are sent there to be treated according to the best known and modern methods.* It seems almost unnecessary to add that by farm colony we mean the farm and industrial occupations that go with the village life and outdoor life of the country. Occupations that can be carried on by the *patients themselves. Regular work and recreation, regular and wholesome food and sleep, simple pleasures and restful activities all done by the patients.* Sleep, exercise, and healthy appetites once regained

*Tuttle, G. T., Two Days at Gheel, 12th An. Rep., State Board of Lunacy, etc., Mass., 1891.

are the harbingers of mental sanity for many mental disorders. It also goes without saying that modern hospitals and laboratories are indispensable parts of such a community. The treatment may last only a few months, or it may last for years and end only with the death of the patient. We are slow to describe any disease as chronic or to establish the idea that these places are for incurables. Ten years is not too long a time for a man or woman to spend in one of these retreats and come forth to take up his work on the outside once more. Two other important problems are met by the plan of the modern hospital. The treatment of the borderline cases before they can in any way be termed cases of insanity and the after care of those sent out recovered.

The modern receiving hospital is located, as we have said, as near as possible to the centers of population when it performs the three functions of treating borderline cases, of handling emergency cases, and overseeing the work of after care and social supervision. This hospital frequently also properly performs the larger function of studying and putting under the various forms of treatment, voluntary cases and those who wish to remain for further intensive treatment. This latter function is also properly the work of all hospitals for the insane and should be carried on at all colonies where the insane are cared for by the State.

The hospital, in construction and fittings, corresponds in considerable detail to the latest ideas concerning all hospital construction. It has all the facilities afforded by these and adds certain other features, as special rooms and appliances for continuous baths, rooms for sun baths, recreation rooms, outdoor promenades with space for games, etc. It is supplied with a full complement of attendants, trained nurses,* physicians and psychologists who carry on detailed accurate records and charts of the physical and mental changes during this period. Careful medical treatment and skillful nursing have become the first essentials in the treatment of all mental diseases.† The greatest success attends such procedure when the patient is placed in the hospital or goes of his own accord at the first symptoms of any difficulty.

*That women make the best nurses for the male wards is one of the surprising discoveries of recent years. The trained nurse is, of course, taking the place of the untrained attendant in all hospitals for the insane.

†Annual Reports of Albany Hospital, Pavilion F, 1903-1913.

Such departments should be in connection with all hospitals for the insane whether their function be largely custodial or not. They include the well-equipped laboratories and skilled scientists necessary to discover the whole history of patients, from the social worker in the field gathering histories to the highly trained surgeon and skilled pathologist and alienist. Such departments must be in charge of men who have long experience and training in their respective fields to produce the highest grade of results. Every hospital ought to maintain wards for the voluntary patients who come in increasing numbers when they learn that they can consult men who are sympathetic and versed in a knowledge of their slightest troubles and who will take the time to listen to their story*—a problem that the regular practitioner has not yet learned to meet and one that he will not give much thought to so long as the rush for numerous patients and large incomes actuate the majority of our professional men.

The out-patient departments of such hospitals as pavilion F at Albany, the Henry Phipps Institute at Baltimore, the Psychopathic Institute at Boston, etc., show increasing calls for consultations and treatment among those who are not ready to be declared insane or do not need the routine treatment of the hospital ward. Many a mental worry and fear is met in such departments by clean, wholesome advice, and continued counsel, until the troubled business man or the worried woman is once more able to see life as it ought to be.† This phase of the work is also concerned with the discharged patient. Hundreds are sent away from asylums with the short hasty word of the busy physician or superintendent. They are not yet well, the dread of a recurrence of the disease is still with them; they are to go back to a community that is fearful or hostile, and the chances against a complete recovery are thus multiplied. In a wisely conducted department this problem is met by the visiting nurse, or by the request that the patient report to the hospital regularly, or by the social worker, who attempts to assist the patient to recover his place in the routine of life outside the hospital.

The immediate problem connected with insanity in its various

*Mosher, J. M., The Treatment of Mental Diseases in the Early Stage, Sidney, 1911.

†Packard, F. H., The Munich Psychiatric Clinic, 1909.

forms is thus a medical and psychological one. The larger problem has today become social with its ramifications to be found in every activity of our complex industrial and economic life.* The health of a people forced to the highest pitch of effort in our industrial system is of greatest concern to those who are interested in any commercial enterprise. Medical inspection in school and factory is becoming the rule rather than the exception. The influence of conditions of study and work upon mental health are today recognized as of first importance. The place of the psychopathic hospital and its trained corps of assistants must become larger, and the responsibilities of the physician and the social expert and efficiency engineer become heavier, as the complexities of living remove us from primitive conditions.

LEGAL ASPECTS OF INSANITY.

Insanity under the law operates first by excluding responsibility for crime; second, by invalidating legal acts; third, by affording ground for depriving the insane person by a legal process of the control of his person and property; fourth, by affording ground for putting him under restraint. These four principles constitute the general relation that the insane patient has borne to legal enactment and court procedure. Slowly a fifth principle is emerging: the insane are disease spots in the community and must be isolated.

It is only within recent years that the spread of information concerning the prevention and causes of many of our more common diseases has led the authorities to take control of general health conditions. The result of this seems to be that wherever conditions exist that are in any way inimical to the life, liberty, and happiness of the people, the authority of government can be invoked to stop such causes. This authority is, therefore, spoken of as the police power of states and governments. No one has ever questioned the right of federal government, state government, or municipal government to interfere when an epidemic is raging or a contagious disease is imminent. Nor has the power of governmental authority been questioned when any individual of society is definitely known to be dangerous to other members of society.

*Folks, Homer, The State Hospitals at the Parting of the Ways, Buffalo, 1912.

A great difficulty has been for government to gain the power to step in before serious injury has occurred to the body politic or to individual members. We arrest the assassin after the deed has been done or attempted; the insane man is locked up after wife and children are murdered; the rapist is hanged after the deed; just as we quarantine scarlet fever, diphtheria, and other contagious diseases when they are discovered. The problem of prevention in each of these instances means that we desire to stop action before it actually occurs, that in diphtheria we want only that one case to appear. We want to prevent others from being infected.

So in the case of danger from the criminally insane, we are today anxious to discover the insanity before murder, arson, and crimes against persons have been committed. This, I say, is the purpose of prevention. We are all quite well aware that officials are slow to interfere until some overt act has taken place. The dangers, therefore, of the contagious disease and the homicidal maniac still remain with us. Picking up the morning paper, two such instances strike the eye. "....., aged eighty-one, a retired millionaire manufacturer and veteran of the Civil War, was shot and killed early today at his home by his son. In a cell in a Brooklyn police station the murderer talked incoherently of the incidents leading up to the shooting, and gave evidence of being insane. He said he shot his father when he received a spiritual message from George Washington." The same paper heads another paragraph: "Insane man runs amuck: Kills two brothers and seriously wounds a third man." In the body of the article it is stated, "For two years efforts had been made to have ..... committed to the State asylum for the insane."

Historically, the attitude of society toward the insane can be divided into three periods, each period standing for the stage of human knowledge and progress of the time being. "First, the time of superstition and gross ignorance, when the insane were worshiped as deities, as superhuman beings; second, the stage of evolution, when the human mind began to reason and to look for causes and, seeing only the acts of the insane and not being able to understand mental processes or functions, began to fear the insane and in dreading the actions of a disordered mind, held him responsible for his acts as a criminal." There is a third stage,

where we realize that the insane person is neither superhuman nor criminal, but mentally sick.

Under the four legal divisions given above, we find that the most important as far as the insane person himself is personally concerned is where he comes under the law from the point of view of confinement and restraint of liberty. Legal process has always been very careful since the Magna Charta, for no man, except by lawful judgment of his peers, could be punished or made the recipient of legal enactment. This phrase has commonly been construed as the right of trial by jury. It is historically true, however, that the right of trial by jury is merely a form of procedure intended to carry out the principles laid down above. Any other procedure that would gain the same end is legally construed to fulfill the requirements of personal liberty. We have mentioned above that the State's police power has never been questioned. That power is explicitly "the power to make and enforce all manner of reasonable laws for the protection of the lives, health, and property of the citizens of the State, to maintain good order and promote the public welfare." We may quote two decisions with reference to the definition of "due process of law." First, "the due process of law is not confined to judicial proceedings, but extends to every case which may deprive a citizen of life, liberty, or property, whether the proceedings be judicial, administrative, or executive." Second, "where administrative process is authorized, it is as much due process of law as any other." (National Conference of Charities and Corrections, 1910, page 260.)

It will be impossible to give in any comprehensive way the details of the various methods of commitment that have arisen in the different States. There are three general attitudes involved in the procedure at the present time. The first is that of commitment, technically so called, and involves the belief that the person so committed is unable to care for himself, his person or his property, or is dangerous to society. The second point of view considers that insanity is a disease, the length of whose course is not known, and during its course it disables a man from occupying his proper place in society and puts him in the position of one who may be prayed upon by other members of that social group. In other words, it places him here for care and treatment,

and secondarily only, intends to protect him and society. The third point of view is that in the insane person we have an individual who is liable to be dangerous to society, who is incapable of caring for himself, and who is, therefore, sick and in need of treatment from diseases that necessitate temporary or permanent isolation from the social group. All of these things are tentatively held concerning the man with symptoms of mental disease, and this point of view considers it wise for the health of the individual and society to place this man temporarily where he may be observed and watched and treated by experts in his disease. In short, we are concerned here largely with the growth of knowledge and information concerning mental disease. In the first point of view we see the attitude toward the criminal and the dangerous member of society exhibited; in the second, that of the chronic and incurable disease, where the patient is helpless and no longer a member of society, but needs treatment; and in the last, the attitude of the modern hospital for the care and the treatment of emergency cases.

As far as the legal procedure under these three heads is concerned, we may probably divide the different methods into six divisions. First, the trial by jury, as in ordinary criminal procedure. This is exemplified by the law on the insane in Mississippi. (Code of Mississippi, 1906, 3219, 3220.) A modified form of this is found in the trial by jury as in criminal procedure, but here the law demands that physicians shall be present and give testimony in the premises. This is a common modification of the right of trial by jury and is found in a great many of the States. A third and far less common form is the establishment of a commission of at least two licensed physicians, who make sworn statements, and the court, county or probate, certifies to these statements. This form of the law is in use in Illinois and Oklahoma. (Illinois Revised Statutes, 1908, Chapter 85.) The fourth method of commitment is by certificate of lunacy, made out and signed by two reputable physicians, and the order is granted by the court. In this case, as in the above, the patient may or may not come before the judge as conditions seem to require. This mode of procedure is used in several States, notably New York. The physicians must be graduates of an incorporated medical college, must

have been in actual practice three years, and must have a copy of the certificate showing such qualifications filed with the lunacy commission. A fifth procedure is known as voluntary commitment. In this case the patient himself may apply to an institution and be admitted for treatment. He must make written application and accompany this by certificate showing the county in which he resides. He may leave the hospital at any time on three days' notice given to the superintendent. (Revised Statutes of Illinois, 1908, Chapter 85.) This mode of commitment is permitted in a large number of the States. It is interesting to note that more and more persons are taking advantage of these privileges. We are, of course, aware that this mode of entrance to hospitals for treatment has been used by friends, relatives, and patients themselves for many years, but largely only in the cases of nervous diseases, insomnia, and the simpler and less extreme types of mental disorder. The sixth type of commitment is in use in two States only with any degree of completeness and under legal procedure—Massachusetts and New York. In this case the superintendent of any hospital for the insane may "without an order of the judge, receive and detain for not more than five days any person whose case is certified to be one of violent or dangerous insanity or other emergency by two physicians as qualified by law." (Laws of 1911, Chapter 273, 42.) The New York law reads: "If an insane person needs immediate care or treatment, or is dangerously insane, he must at once be received by State or licensed institution authorized by law to care for the insane, or a certificate of lunacy executed by two medical examiners in lunacy after examination upon the presentation of a proper petition, but may not be retained for a period exceeding ten days." (Hospital Commission Insanity Law, 82.)

In conveying patients to the hospital and in their transfer from one institution to another, the work has usually been left to the sheriff or the male attendants. All recent law is mandatory that all female patients shall be accompanied by a person of their own sex or at least by a close relative. The conveyance should be made in as unostentatious and careful manner as possible. We are not dealing with criminals but with sick people. This idea cannot be said too often or impressed too frequently on those who must

deal with the insane and yet are not fully informed concerning the nature of mental troubles. In parole and discharge, two points are worthy of notice. Careful preparation of the patient about the dangers of the life that he must enter once more is essential. Modern legal enactment is also dealing more directly with the problem of the increase of insanity through the passage of sterilization laws. The prime purpose of sterilization laws is eugenical; the stoppage of degenerative strains under strict legal procedure and after expert investigation is consonant with best modern social theory. All members of the various institutions discussed under the title of this paper should be subjected to complete examination before release. The details of such a policy cannot be discussed here.* Defective strains are of no value; they cost every man, woman, and child on an average of $3.00 per year in direct State taxes and indirectly sums that are and always will be unknown.†

NEEDS OF TEXAS.

Little further consideration is needed to see that Texas is not in the forefront of modern civilization in matters pertaining to the treatment and regulation of its defective classes. We are progressing along the lines that all people do who do not think till they are compelled to by calamity. We are not even thoroughly conversant with the real outcome of the progress that we are making. It is not wholly toward better things. Our taxes mount up and we call upon Governors and politicians to reduce them; our jails fill and we build new and costlier ones, and our existing institutions call continually for more money and more space; we grudgingly heed their cry, never once asking why they are forced to make this continual appeal. By our heedless methods we create more disease and larger numbers of degenerates, then still careless, throw them into jails and prisons and asylums to make room in our cities and homes for the numbers that are coming. If the

*Judge McPherson of the U. S. District Court, sitting in Iowa, in June, 1914, handed down a decision on the Iowa sterilization law, stating that it constituted cruel and unusual punishment, and became a "bill of attainder."

†For a detailed and comprehensive discussion of the program of eugenics, see Eugenics Record Office Bulletins Nos. 10A and 10B.

State were run on the policy of a wisely established business it could clean its streets and by-ways of the more serious defective strains in half a century, and the actual cost measured over the same period of time would be billions of dollars less than our present lack of plan will finally cost.

The first organized and wise attempt to develop a plan will be made in the establishment of a State Board of Charities for the study and supervision of existing conditions and institutions of the eleemosynary character. Such a board needs no power of control nor any power of administration. The writer is convinced that the people are interested enough in their own welfare and in that of others to act when they know what conditions are and what to do to better those conditions.

But argument is apart from the purpose of this summary. We have attempted to collect the main evidence showing the nature of the problems that Texas must meet if she avoid the mistakes of older States and countries; and even a cursory glance at the actual situation now existing has given us abundant proof that these dangers are already upon us. All this paper can do further is to restate the needs of Texas as shown by the means and methods now in use in countries that have been forced to act and to solve just such problems as we have confronting us now. They cannot in any sense be viewed as the final solution or as even sufficient unto the present evils arising. But those who see us doing these things will know that we have a plan and that our work is not as the blind leading the blind.

1. Texas needs a board of study and supervision with full power to collect data, to publish it, and to recommend comprehensive legislation.

2. Texas needs better psychopathic hospital facilities with modern laboratories in charge of specialists, primarily as an important new educational force within her borders.

3. Texas needs to prepare herself to care for all her feeble-minded in a modern institutional colony. She needs to face the problem honestly and seriously, realizing that at the present time the problem is being aggravated by the multiplication of these defective strains.

4. Texas needs a complete revision of her laws and methods

of handling both the feeble-minded and the insane. No one of either of these classes should ever be free to wander in our streets or left to the filth and neglect of our jails and poor farms.

5. Texas needs to conserve her resources of human life and wisely to prepare for her future millions. She has time, if properly used, to avoid the costly errors of older States.

BIBLIOGRAPHY.

The following list gives the non-technical material on the subject of mental unsoundness available at the State Library in the Capitol, Austin, and the Library of the University of Texas, Austin. References marked with an asterisk are at the State Library, others are at the University.

BOOKS.

Barr, M. W.—Mental Defectives: Their History, Treatment and Training. Philadelphia, 1910.

Beers, C. W.—A Mind That Found Itself. An Autobiography. New York, 1908.

Bianchi, L.—A Text-book of Psychiatry. London, 1906.

Boies, H. M.—The Science of Penology: The Defense of Society Against Crime. New York, 1901.

Chatterton-Hill, G.—Heredity and Selection in Sociology. London, 1907.

Church, A., and Peterson, F.—Nervous and Mental Diseases. Philadelphia, 1909.

Davenport, C. B.—Heredity in Relation to Eugenics. New York, 1911.

De Fursac, J. R.—Manual of Psychiatry. (Trs. A. J. Rosanoff.) New York, 1908.

Dubois, Paul.—The Psychic Treatment of Nervous Disorders. New York, 1907.

Dugdale, R. L.—"The Jukes." New York. Putnam & Sons. 1895.

Freud, S.—Selected Papers on Hysteria and Other Psychoneuroses. Nervous and Mental Disease Monograph Series, No. 4, 1909.

Freud, S.—The Interpretation of Dreams. (Trs. A. A. Brill) 3rd ed. The Macmillan Co., New York, 1913. Pp. 510+xii.

Gulick, S. H.—Mind and Work. New York, 1908.

Goddard, H. H.—The Kallikak Family: A Study in Heredity of Feeble-mindedness. Macmillan, 1912.

Gordon, A.—Diseases of the Nervous System. Philadelphia, 1908.

Hart, Bernard—The Psychology of Insanity. Cambridge Press, 1912.

Hart, H. H.—Preventive Treatment of Neglected Children. New York, 1910.

Henderson, C. R.—Dependent, Defective and Delinquent Classes (2nd ed.). Boston, 1906.

Henderson, C. R., and others—Modern Methods of Charity. New York, 1904.

Castle, Coulter, Davenport, East, and Tower—Heredity and Eugenics. Chicago, 1912.

Holmes, A.—The Conversation of the Child. Philadelphia, 1912.

Huey, E. B.—Backward and Feeble-minded Children. Educational Psychology Monog. Baltimore, 1912.

Ireland, W. W.—The Mental Affections of Children: Idiocy, Imbecility, and Insanity (2nd ed.). Philadelphia, 1900.

Janet, Pierre—The Major Symptoms of Hysteria. New York, 1907.

Jacoby, G. W.—Suggestion and Psychotherapy. New York, 1912.

Kraeplin, Emil—Psychiatrie. Leipzig, 1896.

Lapage, C. P.—Feeble-mindedness in Children of School Age. Appendix on Treatment and Training by Mary Dendy. Manchester, 1911.

Letchworth, W. P.—Care and Treatment of Epileptics. New York, 1900.

Mangold, G. B.—Child Problems. New York, 1910.

McConnell, R. M.—Criminal Responsibility and Social Constraint. New York, 1912.

Mercier, C.—Crime and Insanity. London.

Mercier, C.—Sanity and Insanity. London, 1905.

Münsterberg, H.—Psychotherapy. New York, 1909.

Partridge, G. E.—Studies in the Psychology of Intemperance. New York, 1912.

Prince, Morton—The Unconscious. The Fundamentals of Human Personality, Normal and Abnormal. The Macmillan Co., New York, 1914. Pp. 549+xii.

Saleeby, C. W.—Worry: The Disease of the Age. New York, 1907.

Seguin, E.—Idiocy and Its Treatment. Teachers' College, Columbia University. New York, 1913.

Seashore, C. E.—Psychology and Daily Life. New York, 1913.

Shuttleworth, G. E., and Potts, W. A.—Mentally Deficient Children: Their Treatment and Training (3rd ed.). Philadelphia, 1910.

Sidis, Boris—Psychopathological Researches. New York, 1902.

Starr, M. Allen—Familiar Forms of Nervous Disease (2nd ed.). New York, 1891.

Stoddart, W. H. B.—Mind and Its Disorders. London, 1908.

Störring, Gustav—Mental Pathology in Its Relations to Normal Psychology. (Trs. Thomas Loveday.) London, 1907.

Tanzi, Eugenio—A Text-book of Mental Diseases. (Trs. W. F. Robertson and T. C. Mackenzie.) London, 1909.

Townes, Clara H.—Translation of the Binet Scale. Lincoln, Ill.

Walter, H. E.—Genetics: An Introduction to the Study of Heredity. Macmillan, 1910.

Warner, A. G.—American Charities. New York, 1908.

White, W. A.—Outlines of Psychiatry (2nd ed.). Nervous and Mental Disease Monograph Series, No. 1, 1909.

White, W. A., and Jelliffe, S. E.—Nervous and Mental Diseases. London, 1912. 2 Vols.

Willson, R. M.—The Education of the Young in Sex Hygiene. Philadelphia, 1913.

Witmer, L.—The Special Class for the Backward Children. Philadelphia, 1911.

BULLETINS AND REPORTS.

*Annual Reports of Albany Hospital, Pavilion F, Department of Mental Diseases. J. M. Mosher, 1903-1913. Albany Medical Annals.

Care of the Insane in the State of New York. State Hospital Commission, Albany, 1913.

Annual Report of the State Charities Aid Association for year ending September 30, 1912. Nos. 128 and 129. State Charities Aid Association of New York.

Cross, W. T.—Public Supervision and Administration (committee report) Conference of Charities and Correction, 1913, p. 183.

Hand Book of the Mental Hygiene Movement and Exhibit. National Com. for Mental Hygiene, New York, 1913.

*Johnstone, E. R.—Defectives (committee report) Conference of Charities and Corrections, 1906, p. 235.

*Koren, G.—Summaries of Laws Relating to the Commitment and Care of the Insane in the U. S. National Com. for Mental Hygiene, New York, 1912.

*Laughlin, H. H.—The Scope of the Committee's Work. Eugenics Record Office, Bulletin No. 10 A. Long Island, New York, February, 1914.

*Laughlin, H. H.—The Legal, Legislative and Administrative Aspects of Sterilization. Long Island, New York, February, 1914.

National Committee for Mental Hygiene. I. Origin, Objects and Plans, and three other parts. National Com. for Mental Hygiene, 1912.

Potts, C. S.—Crime and the Treatment of the Criminal. The University of Texas Bulletin No. 146.

Prison Reform League—Crime and Criminals. Los Angeles, 1910.

Proceedings of the Mental Hygiene Conference and Exhibit. College of the City of New York, November 8-15, 1912.

Proceedings of the National Conferences of Charities and Correction. Annual reports from 1874 to date.

Proceedings of the National Conference of Charities and Corrections (*A Guide To*). 1874-1907. Compiled by Alexander Johnson. 1908.

*Proceedings of State Conference of Charities and Corrections (1913-1914) *Texas.*

*Report of the Royal Commission on the Care and Control of the Feeble-minded. Wyman & Sons, London. 8 Vols. 1908.

S. C. A. A. News—Feeble-minded number. New York, May, 1914. Vol. II, No. 4.

Sidis' Psychotheraueptic Institute. Bulletin.

Smith, S., and others—A Summary of the Laws of the Several States Governing Marriage and Divorce of Feeble-minded, etc. Bulletin of the University of Washington, No. 82. 1914.

*Annual Report of the Board of Regents of the Smithsonian Institute for the year ending June 30, 1906.

State's Duty in the Prevention of Insanity, and other articles. Addresses delivered at New York Academy of Medicine, De-

cember 23, 1910 (2nd ed.), State Charities Aid Association, New York City, 1912.

Training for Social Work—Bulletin, Chicago School of Civics and Philanthropy.

*State Commission in Lunacy (California), 1912.

*Illinois State Board of Administration, Springfield, 1910. First report.

*Illinois State Charities Commission, 1910 report. First report.

*Illinois, 21st fractional biennial report of the Board of State Commissioners of Public Charities, Springfield, 1911.

*Development of Public Charities and Correction in the State of Indiana. 1792-1910. Jeffersonville, 1910.

*Indiana School for F. M. Typewritten Hist of Inst. (1907?).

*Indiana School for F. M. (35th), at Fort Wayne. Pub. at Indianapolis, 1914.

*Indiana Village for Epileptics, New Castle, Indiana. Nos. 3, 4, 5, 6, 7 for 1908, 1909, 1910, 1911. Indianapolis.

*Iowa Institutions for F. M. Glenwood, Iowa. Nineteenth report, June, 1912.

Annual Report of the Board of Trustees of the Massachusetts General Hospital. From the year 1843 to date (with a few omissions).

McLean Hospital, Waverly, Mass. Descriptive pamphlet.

*Michigan Home for F. M. and Epileptic, Lapeer, Mich. Ninth biennial report. 1912. Lansing, Mich.

*Minnesota School for Feeble-minded and Colony for Epileptics, Minneapolis, Minn., 1910, 1912.

*New Jersey State Village, Skillman. Sixteenth report, 1913.

*New York. Syracuse Institution. 1913. Sixty-third report.

*Sixty-second Annual Report of the Managers of the Syracuse State Institution for Feeble-minded Children, year ending September 30, 1912. Part I.

*Report of the Commission to Select a Site for the Eastern New York State Custodial Asylum, 1908.

*New York, Rome State Custodial Asylum, 1911, 1912, seventeenth and eighteenth reports.

*Tenth Annual Report of the Managers and Officers of the Craig Colony for Epileptics. Sonyea, Livingston county, New York, 1903.

*Fourth Annual Report of the Board of Managers of Letchworth Village, Albany, January, 1913.

*Report of the Commission on the Segregation, Care and Treatment of Feeble-minded and Epileptic Persons in the Commonwealth of Pennsylvania. Printed 1913. Copy of law.

*Fiftieth Annual Report Pennsylvania Training School for Feeble-minded Children. 1912. Elwyn, Delaware county, Pa.

*Pennsylvania Training School, Elwyn, Pa., 1911-1912.

*Pennsylvania State Institution for F. M. of Western Pennsylvania, Polk, Venango Co., Oil City, Pa., 1912.

*Pennsylvania, Report of Board of Commissioners of Public Charities, Harrisburg, 1914. Forty-third annual report for year of 1912.

*Texas. Fifty-first Annual Report of the Superintendent of the State Lunatic Asylum, Austin, Texas, 1912.

*Twenty-eighth Annual Report of the Board of Managers and Superintendent of the North Texas Hospital for the Insane, Terrell, Texas, 1912.

*Twenty-first Annual Report of the Board of Managers and Superintendent of the Southwestern Insane Asylum, San Antonio, Texas, 1912.

*Ninth Annual Report of the Superintendent and Board of Managers of the State Epileptic Colony, Abilene, Texas, 1912.

*Bill. H. B. No. 90. An Act to provide for the purchase of a site for and the establishment, location and construction of a branch asylum in Northwest Texas for care and treatment of the insane, and to make appropriation therefor, and declaring an emergency.

*Bill. H. B. No. 165. An Act relating to the admission of patients into the insane asylums of Texas. Cf. S. B. No. 157.

*Bill. S. B. No. 187. An Act to provide for the establishment and maintenance of a State Training School and Home for the Feeble-minded of Texas. Cf. H. B. No. 376.

*Bill. S. B. No. 188. An Act to authorize the sterilization of a certain class of criminals, lunatics and epileptics and syphi-

litics and persons with an hereditary tendency to congenital diseases of mind or body . . . in any eleemosynary or penal institution of the State of Texas.

*Home for Feeble-minded. Biennial report, Madison, Wis., 1898, 1900, 1906, 1908, 1910. First report, 1898, p. 320; second, 1900 (four boys and one gardener on sixteen acres raised $2000 worth of vegetables). Superintendent Wilmarth gives excellent summaries in these reports.

MAGAZINE ARTICLES.

Abbot, E. S.—Immunity and Cure. Boston Medical and Surgical Journal, December 19, 1895.

Abbot, E. S.—The Criteria of Insanity and the Problems of Psychiatry. Proceedings of the Medico-Psychological Association, Quebec, 1902.

Abbot, E. S.—A Few Remarks About Observation Wards and Hospitals. Amer. J. of Insanity, LXI, No. 2, 1904.

Abbot, E. S.—Forms of Insanity in five years admissions to, and discharges from the hospitals for the insane in Massachusetts. Proceedings of the Amer. Medico-Psychological Ass'n, sixty-fifth annual meeting, N. J., 1909.

Abbot, E. S.—Psychology and the Medical School. Amer. J. of Insanity, Vol. LXX, No. 2, October, 1913.

Baldwin, B. T.—The Psychology of Mental Deficiency. Popular Science Monthly, July, 1911.

Barker, L. F.—Some Phases of the Mental Hygiene Movement and the Scope of the Work of the National Committee for Mental Hygiene. National Com. for Mental Hygiene, No. 4, 1912.

Barker, L. F.—Principles of Mental Hygiene Applied to the Management of Children Predisposed to Nervousness. National Com. for Mental Hygiene, No. 2, 1911.

Barker, L. F.—The Psychic Side of Medicine. Univ. Record, Chicago, Vol. XII, No. 1, July, 1907.

Breckenridge, S. P., and Abbott, E.—The Delinquent Child and the Home. New York, 1912.

Clark, L. P.—Idiocy and Laboratory Research. Survey, Vol. 27, October, March, 1911-1912, p. 1857.

*Colliver, J. A.—The Physical Basis for Irritability in Boys—the Beginning of Juvenile Delinquency. Rep. and Manual of Juvenile Court of Los Angeles County, 1912.

Cowles, E.—The Training Schools of the Future. Seventeenth annual report of the National Conference of Charities and Corrections, 1890.

Cowles, E.—Neurasthenia and Its Mental Symptoms. The Shattuck Lecture. Boston, 1891.

Cowles, E.—The Relation of Mental Diseases to General Medicine. Boston Med. and Surg. Journal, September 16, 1897.

Cowles, E.—Advanced Professional Work in Hospitals for the Insane. Amer. J. of Insanity, LV, No. 1, July, 1898.

Davenport, C. B.—The Nams: The Feeble-minded as Country Dwellers. Survey, Vol. 27, 1911-1912, p. 1844.

Davis, K. B.—Feeble-minded Women in Reformatory Institutions. Survey, Vol. 27, 1911-1912, p. 1849.

Everybody's Magazine, June, 1914, pp. 798f. "What We Know About Rum."

Fenning, F. A.—Sterilization Laws from a Legal Standpoint. J. of Amer. Inst. of Criminal Law and Criminology, Vol. 4, March, 1912, p. 804.

Fernald, W. E.—The Templeton Farm Colony for the Feeble-minded. Survey, Vol. 27, 1911-1912, p. 1873.

Folks, H.—After-care of the Insane. State Hospital Bulletin, November, 1913.

Folks, H.—The State Hospitals at the Parting of the Ways. Buffalo, N. Y., September 6, 1912.

Franz, S. I.—Studies of Feeble-minded. J. of Philosophy, Psychology and Scientific Methods, Vol. II, No. 11, May 25, 1905.

Goddard, H. H.—Heredity of Feeble-mindedness. Eugenics Record Office Bulletin No. 1. Reprinted from American Breeders' Magazine, I, No. 3, 165-178.

Goddard, H. H.—Two Thousand Normal Children Measured by the Binet Measuring Scale. Ped. Sem., June, 1911.

Goddard, H. H.—A Revision of the Binet Scale. The Training School, Vol. VIII, No. 4, June, 1911.

Goddard, H. H.—The Basis for State Policy: Social Investigation and Prevention. Survey, Vol. 27, 1911-1912, p. 1852.

Goddard, H. H.—The Height and Weight of Feeble-minded Children in American Institutions. J. of Nervous and Mental Disease, Vol. 39, No. 4, April, 1912.

Goddard, H. H.—Sterilization and Segregation. Bull. of Amer. Acad. of Medicine, XIII, No. 4, August, 1912.

*Goddard, H. H.—The Responsibility of Children in the Juvenile Court. J. Amer. Inst. of Criminal Law and Crinimonogy, September, 1912, p. 3.

Goddard, H. H.—Feeble-mindedness: Its Causes and Consequences. Macmillan. 1914.

*Graves, M. L.—The Care of the Insane. Bulletin No. 63, University of Texas, June, 1905.

*Hart, H. H.—Juvenile Court Laws in U. S. New York, 1910.

Hoch, August—Kraeplin on Psychological Experimentation in Psychiatry. Amer. Journ. Insanity, January, 1896.

Hoch, August—A Review of Psychological and Physiological Experiments Done in Connection with the Study of Mental Diseases. Psychol. Bull., I, Nos. 7-8, 1904.

*The Institution Quarterly, Vols. 3 and 4, Nos, 1, 2, and 3, Springfield, Ill. Excellent articles and statistical data.

Johnstone, E. R.—Public Provision for the Feeble-minded. Survey, Vol. 27, 1911-1912, p. 1864.

Johnstone, E. R.—Public Provision for the Feeble-minded. The Survey, Vol. 27, March, 1912, pp. 1864f.

Johnstone, E. R.—A Plan for the Care of the Feeble-minded. The Training School, Vol. 9, p. 99.

Johnson, Alexander—Care and Training of the Feeble-minded. The South Mobilizing for Social Service. 1913, pp. 246f.

Johnson, E. H.—Feeble-minded as City Dwellers. Survey, Vol. 27, 1911-1912, p. 1840.

Jones, E. K.—Libraries for the Patients in Hospitals for the Insane. Amer. J. of Insanity, LXVII, No. 1, July, 1911.

Jones, E. K.—State Control of State Hospital Libraries. Amer. J. of Insanity, LXVIII, No. 4, April, 1912.

Journal of Abnormal Psychology, Vols. 1-6 (1906-1912).

Kirkbride, F. B.—The Right to be Well Born. Survey, Vol. 27, 1911-1912, p. 1838.

Kite, E. S.—Two Brothers. Survey, Vol. 27, 1911-1912, p. 1861.

Little, C. S.—Letchworth Village: The Newest State Institution for the Feeble-minded and Epileptic. Survey, Vol. 27, 1911-1912, p. 1869.

Mosher, J. M.—Mental Wards in General Hospitals. New York Medical Journal and Phila. Medical Journal, May 27, 1905.

Mosher, J. M.—Pavilion F, Department for Mental Diseases of the Albany Hospital. Thirty-fourth National Conference of Charities and Corrections, Minneapolis, Minn, June, 1907.

Mosher, J. M.—A Consideration of the Need of Better Provision for the Treatment of Mental Disease in Its Early Stages. Amer. J. of Insanity, LXV, No. 3, January, 1909.

Mosher, J. M.—The Problem of the Acute Mental Case. Albany Medical Annals, December, 1910.

Mosher, J. M.—The Training of Nurses in Mental Affections. Tenth annual meeting of the New York State Nurses' Association, Albany, N. Y., October, 1911.

Mosher, J. M.—The Treatment of Mental Disease in the Early Stage. Ninth Session of the Australasian Medical Congress, Sidney, September, 1911.

Norsworthy, Naomi—The Psychology of Mentally Deficient Children. Archives of Psychology, No. 1, November, 1906. Columbia Univ. Contributions to Philosophy and Psychology, Vol. XV, No. 2.

Packard, F. H.—The Munich Psychiatric Clinic. Report of the State Board of Insanity, 1909.

Payne, C. R.—The Paranoia Problem. Psychoanalytic Review, Vol. I, No. 1, November, 1913, pp. 76-93.

*Potts, C. S.—General Supervision and Control of Charitable and Correctional Institutions. The South Mobilizing for Social Service. 1913, p. 306f.

Prince, Morton—The New Psychology and Therapeutics. 1911.

Psychological Clinic, Vols. 1-6 (1907-1913). Philadelphia.

Schlapp, M. G.—The Courts as Sifters: Feeble-minded Boys and Crime. Survey, Vol. 27, 1911-1912, p. 1846.

*Spaulding, E. R., and Healy, W.—Inheritance as a Factor in Criminology. J. of Amer. Inst. of Criminal Law and Criminology, Vol. IV, March, 1914, p. 837.

Symposium. Franz, Meyer, Southard, Watson, Prince. The Relations of Psychology and Medical Education. J. of Amer. Med. Ass'n, March 30, 1912, Vol. LVIII, 909-921.

The Training School, Vols. 8-9 (1911-1913). New Jersey.

Travis, T.—The Young Malefactor: A Study in Juvenile Delinquency—Its Causes and Treatment. New York, 1908.

Tuttle, G. T.—Two Days at Gheel. Twelfth Annual Report of the State Board of Lunacy and Charity of Massachusetts, January, 1891.

Tuttle, G. T.—The Male Nurse. Amer. J. of Insanity, LXIII, No. 2, October, 1906.

Tuttle, G. T.—Hydrotherapeutics. Amer. J. of Insanity, LXI, No. 2, 1904.

Weeks, D. F.—The Inheritance of Epilepsy. New Jersey State Village, Skillman, N. J.

Weeks, D. F.—What New Jersey is Doing for the Epileptic, Skillman, N. J. Arch. of Ped., Vol. 29, April, 1912.

Wells, F. L.—The Advancement of Psychological Medicine, Popular Science Monthly, January, 1913.

Wilmarth, A. W.—Results of Heredity and Their Bearing on Poverty, Crime and Disease. Wis. Med., Vol. 9, 1910.

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